



The Premier Organization of  
Mathematics Educators in Illinois



April 2016

Dear Exhibitor Representative:

The Illinois Council of Teachers of Mathematics and the Illinois Science Teachers Association are joining together to hold their 2016 Conference at the Pere Marquette Hotel and Peoria Civic Center in **Peoria, Illinois on October 7 & 8, 2016**. We expect more than **1,100 K-College level mathematics and science teachers** to attend this conference. Hotel rooms are available at the rate of \$117 single/double room.

Contributions from businesses like yours make it possible for us to offer this important in-service training to hundreds of teachers at an affordable rate. We hope that we can count on your help in providing Illinois mathematics and science teachers with the latest information for their use in the classroom.

You can contribute to the success of this meeting in several ways, including exhibiting, purchasing advertisements, and contributing towards the conference by sponsoring conference events. Please see the enclosed sponsor participation form for more detailed information.

**Conference exhibits will be open for two days**, from 8:00 a.m. to 5:30 p.m. on Friday, October 7<sup>th</sup> and 8:00 a.m. to noon on Saturday, October 8<sup>th</sup> and will be located in a highly visible area of the convention center. Displays may be set up Thursday evening or between 6:00 and 8:00 a.m. on Friday. Exhibit space details are listed on the enclosed sponsor participation form.

Attached is a form that can be mailed with payment. If you prefer to pay using a credit card, please visit our registration website at <http://www.eiu.edu/adulted/enrichment.php#ICTM>. If you have any questions, please contact Eastern Illinois University, Extension and Conference Services at (217) 581-5114 or at [learn@eiu.edu](mailto:learn@eiu.edu).

Sincerely,

A handwritten signature in black ink that reads "Peggy A. Braun".

Peggy Brown  
Program Coordinator  
Extension and Conference  
Services

A handwritten signature in black ink that reads "Marshall Lassak".

Marshall Lassak  
Conference Director  
Illinois Council of Teachers of  
Mathematics

**Exhibitor Contract Form**  
**Illinois Council of Teachers of Mathematics and**  
**Illinois Science Teachers Association 2016 Joint Conference**  
**October 7 & 8, 2016**  
**Pere Marquette Hotel and Peoria Civic Center, Peoria, Illinois**

We would like to participate in the conference in the following ways. Please place a check next to the selected item(s):

1. Reserve exhibit area  Basic booth \$500  Three booths \$950  
  Two booths \$800  Four booths \$1100

2. \$ \_\_\_\_\_ General Contribution to the Annual Conference

(Signage of vendor support of \$250 or more will be displayed at locations through the conference venue)

3. Specific Contribution (signage displayed)  
\$ \_\_\_\_\_ Friday morning continental breakfast  
\$ \_\_\_\_\_ Friday evening Award Ceremony

4. Interior ad in the conference program

\$200 – one page ad

\$100 – half page ad

(Advertisement copy must be camera ready and received in our office by June 3, 2016.)

5. Other (Please specify): \_\_\_\_\_

**Booth Information:**

Each booth is 10' x 10' and consists of black background drape, 8' in height. Each booth includes one 6ft table, 2 chairs, wifi, and a wastebasket. A sign with your company name will also be provided for your booth. The display areas will be assigned by the ICTM representatives. The displays are to be open from 8:00 a.m. to 5:30 p.m. on Friday, October 7 and from 8:00 a.m. until noon on Saturday, October 8. The display area will be open for set up on Thursday evening or 6:00 a.m. – 8:00 a.m. on Friday. Booth registration includes lunch for two representatives on Friday and continental breakfasts on Friday and Saturday. Additional representative registrations can be purchased at \$150.00.

**General Information: (Please print or type)**

Firm \_\_\_\_\_

Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Payment Method:  Check payable to: Eastern Illinois University

Master Card  Visa  Discover

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Please return this form and payment by September 1, 2016 to:

Eastern Illinois University

ICTM Exhibitor c/o School of Continuing Education

600 Lincoln Avenue

Charleston, IL 61920-3099

[learn@eiu.edu](mailto:learn@eiu.edu)