

## PROPOSAL SUMMARY SHEET

Sound, Light & Stage – Taste of Orland  
Project Name

IN WITNESS WHEREOF, the parties hereto have executed this proposal as of date shown below.

Organization Name: Windy City Event Services

Street Address: PO Box 927

City, State, Zip: Lombard IL 60148

Contact Name: Scott Fieger

Phone: 630-873-2059 Fax: 630-748-4754

E-Mail address: Service@windycityeventservices.com

FEIN#: 20-2678394

### Total Proposal Price:

2011 - \$ 15,000.00

2012 - \$ 15,525.00

2013 - \$ 16,075.00

Signature of Authorized Signee: [Signature]

Title: President

Date: 3/18/2011

ACCEPTANCE: This proposal is valid for 60 calendar days from the date of submittal.  
(Note: At least 60 days should be allowed for evaluation and approval)

# Quality Concerts

## PRODUCTION PROPOSAL Taste Of Orland Park, IL August 5-7 2011

### VENUE INFORMATION:

Date(s) of Event: August 5-7 2011

Venue Contact Person: Patty Vlazny - Tel(708)349-4859

Venue: Orland Park Village Center

Venue City: Orland Park

Venue State: IL

Venue Capacity: 50,000 over the three days

### SHOW SPECIFICS:

Setup Time: Wednesday morning August 3, 2011

Breakdown Time: After event closes on August 7, 2011

Doors Open: T.B.A

Performance Times: T.B.A.

Artist Performing: T.B.A.

Equipment supplied: MAIN STAGE:

*(See attached list)*

COMMUNITY STAGE:

*(See attached list)*

LINE DANCE STAGE:

*(See attached list)*

### PAYMENT TERMS:

Total Contract Amount: \$11,750.00

Deposit Required: \$5,875.00 with returned signed contract due no later than 7-1-2011

Balance: A balance of \$5,875.00 made payable to QUALITY CONCERTS and given to rep on site on 8-7-2011 by 4:00 p.m. that day.

Date Proposal Submitted: 3-9-2011

Proposal Expiration Date: 6-8-2011

## PROPOSAL SUMMARY SHEET

### Sound, Light & Stage – Taste of Orland

Project Name

IN WITNESS WHEREOF, the parties hereto have executed this proposal as of date shown below.

Organization Name: Sound Works Productions  
Street Address: 925 Lambrecht Rd  
City, State, Zip: Frankfort, IL 60423  
Contact Name: Daniel Nicklesti  
Phone: 630-291-6699 Fax: 815-600-8656  
E-Mail address: Daniel @ soundworkspro.com  
FEIN#: 20-8615388

#### Total Proposal Price:

2011 - \$ 9,550.00  
2012 - \$ 9,550.00  
2013 - \$ 9,550.00

Signature of Authorized Signee: 

Title: Owner / secretary

Date: 3-7-2011

ACCEPTANCE: This proposal is valid for 90 calendar days from the date of submittal.  
(Note: At least 60 days should be allowed for evaluation and approval)