

# Northwest Suburban Remodeling Fair

## EXHIBITOR CLASSIFICATION SHEET

### PRODUCTS/SERVICES

Please indicate the *percentage of time* your company spends on the following: (Example: 30% Roofing; 70% Windows)

<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> New Construction
<input type="checkbox"/> Appliances	<input type="checkbox"/> Ornamental Iron
<input type="checkbox"/> Architecture	<input type="checkbox"/> Paint interior exterior decorative
<input type="checkbox"/> Cabinets new refacing	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Design	<input type="checkbox"/> Remodeling interior exterior
<input type="checkbox"/> Doors interior exterior patio garage energy efficient other _____	<input type="checkbox"/> Rental Equipment
<input type="checkbox"/> DRAINTILE	<input type="checkbox"/> Resurfacing bathtubs sinks other _____
<input type="checkbox"/> Driveways concrete asphalt other _____	<input type="checkbox"/> Retail
<input type="checkbox"/> Electrical	<input type="checkbox"/> Roofing
<input type="checkbox"/> Fans	<input type="checkbox"/> Screens
<input type="checkbox"/> Financial investment mortgage remodeling loans other _____	<input type="checkbox"/> Siding aluminum vinyl other _____
<input type="checkbox"/> Flooring carpet vinyl wood tile other _____	<input type="checkbox"/> Stain Glass
<input type="checkbox"/> Gutters gutters soffits fascia other _____	<input type="checkbox"/> Stucco
<input type="checkbox"/> Heating	<input type="checkbox"/> Ventilation
<input type="checkbox"/> Home Repair	<input type="checkbox"/> Windows new replacement efficient glass block other _____
<input type="checkbox"/> Landscaping design installation supply retaining walls other _____	<input type="checkbox"/> Other _____

*Please list anything else that we should know about the uniqueness of your company:*

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*Please list your competitors. This will assist us in determining your booth location.*

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**If you are a licensed contractor, please provide your MN State License # \_\_\_\_\_**



### CATEGORY

Please indicate the *percentage of time* spent on the following of all that apply:

<input type="checkbox"/> Additions	<input type="checkbox"/> Basements	<input type="checkbox"/> Baths	<input type="checkbox"/> Decks
<input type="checkbox"/> Garages	<input type="checkbox"/> Kitchens	<input type="checkbox"/> Porches	<input type="checkbox"/> Other _____