

EXHIBITOR APPLICATION

CALIFORNIA SCHOOL NUTRITION ASSOCIATION
57TH ANNUAL CONFERENCE
JANUARY 28 - JANUARY 31, 2010 ● SANTA CLARA, CALIFORNIA

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____

CONTACT NAME: _____

PHONE: _____ FAX: _____

E-MAIL: _____

ARE YOU A BROKER? ___ Yes ___ No

IF SO, WHO WILL YOU BE REPRESENTING? _____

PLEASE FILL OUT A SEPARATE FORM FOR EACH MANUFACTURER YOU WILL BE REPRESENTING AT THE SHOW AND SUBMIT ALL FORMS TOGETHER. (YOU MAY PHOTOCOPY THIS FORM)

ARE YOU REPRESENTED BY A BROKER? ___ Yes ___ No

IF SO, PLEASE INDICATE THE BROKER'S NAME: _____

ARE YOU A COMMODITY PROCESSOR? ___ Yes ___ No

COMPANY YOU WOULD LIKE ON THE ID SIGN FOR YOUR BOOTH? _____

NUMBER OF EXHIBIT SPACES YOU WOULD LIKE TO RESERVE:

_____ REGULAR BOOTHS _____ PREMIUM BOOTHS

PREFERRED BOOTH LOCATION: 1ST _____ 2ND _____ 3RD _____

PLEASE LIST PROBABLE EXHIBITORS YOU WISH TO BE NEAR: _____

PLEASE LIST PROBABLE EXHIBITORS YOU DO NOT WANT TO BE NEAR: _____

PRODUCTS TO BE DISPLAYED: _____

EXHIBIT FEES:

_____ NUMBER OF REGULAR BOOTHS @ \$1,100 \$ _____

_____ NUMBER OF PREMIUM BOOTHS @ \$1,250 \$ _____

_____ ONE 20'X20' ISLAND (EQUIV 4 PREMIUM BOOTHS) \$5,500 \$ _____

***NON-MEMBER EXHIBITORS ADD \$250 PER BOOTH** \$ _____

BOOTH PACKAGES: (INCLUDES 500 WATT OUTLET, 8' TABLE, 2 CHAIRS, 1 WASTEBASKET)

_____ BOOTH PACKAGES @ \$150 EACH \$ _____

SUBTOTAL \$ _____

PLUS LATE FEE (IF NOT PAID IN FULL BY NOVEMBER 1, 2009)

_____ (10' X 10) BOOTHS @ \$100 PER BOOTH \$ _____

LESS \$100 DEPOSIT PAID (IF ANY) \$(_____)

TOTAL AMOUNT DUE \$ _____

AUTHORIZED BY (SIGNATURE) _____

TYPED OR PRINTED NAME _____

TITLE _____ DATE _____

COMPLETE INFORMATION BELOW TO PAY BY CREDIT CARD: AMOUNT _____

CARD No. _____ EXP DATE _____

BILLING ZIP _____ BILLING STREET No. _____ V-CODE _____

SIGNATURE _____

V-Code is the 3 Digit Code on the back of VISA & MC and the 4 Digit Code on the Front of AMEX

Faxed applications will not be processed without credit card payment. If not paying by credit card, your check MUST accompany this form.

Please check the categories which most closely describe the products or services you will be displaying.

- ___ Baked Products/Frozen/Fresh
- ___ Brokers
- ___ Beverages
- ___ Canned Goods
- ___ Computer Hardware
- ___ Computer Software
- ___ Dairies
- ___ Distributors
- ___ Equipment, Banquet
- ___ Food, Condiments
- ___ Food, Dry Goods
- ___ Equipment, Large
- ___ Equipment, Small Wares
- ___ Equipment, Software
- ___ Food Courts/Furniture
- ___ Food, Frozen
- ___ Food, IQF
- ___ Food, Fruits & Vegetables
- ___ Food, Snack
- ___ Food, Staples
- ___ Janitorial
- ___ Money Counters/POS Equip.
- ___ Paper Supplies
- ___ Resource Agencies
- ___ State Agencies
- ___ Uniforms
- ___ Other _____

___ **Yes, I have enclosed the Mandatory Certificate of Insurance.**

I am enclosing with this form \$ _____ (payable to CSNA) which represents 50% of the total exhibit fee. I understand that the full balance is due by November 1, 2009 and that if the full balance is not paid by this date, the space may be sold or reassigned. I also understand that if there is a balance due after November 1, 2009, a \$100 late fee, per booth will apply. Brokers: 50% of each booth reserved must accompany this form. Complete information on services and supplies will be sent upon receipt of application and deposit.

Please make check payable to:

**CSNA or California School Nutrition Association
attn. Exhibit Manager
210 N. Glenoaks Blvd, Suite C
Burbank, CA 91502**

Questions? Call (818) 842-3040

Fax: (818) 843-7423