

# EXHIBITOR APPLICATION

CALIFORNIA SCHOOL NUTRITION ASSOCIATION  
61ST ANNUAL CONFERENCE AND TRADE SHOW

NOVEMBER 14-17, 2013 ● PALM SPRINGS, 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: \_\_\_\_\_

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 @\$1,125 \$ \_\_\_\_\_

\_\_\_\_\_ NUMBER OF PREMIUM BOOTHS @\$1,275 \$ \_\_\_\_\_

\_\_\_\_\_ **One 20' X 20' ISLAND (Equiv. 4 Premium Booths) \$5,500** \$ \_\_\_\_\_

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

**BOOTH PACKAGES: (Includes 500 watt outlet, 2 chairs, 1 wastebasket & ONE 6'OR ONE 8'table)**

\_\_\_\_\_ **BOOTH PACKAGES @ \$150 EACH** \$ \_\_\_\_\_

I WANT A:  6 FT. TABLE  8 FT. TABLE **SUBTOTAL** \$ \_\_\_\_\_

**PLUS LATE FEE (IF NOT PAID IN FULL BY JULY 31, 2012)**

\_\_\_\_\_ (10' X 10) BOOTHS @ \$150 PER BOOTH \$ \_\_\_\_\_

**PLUS SPONSORSHIP/ADVERTISING FEE:**

\_\_\_\_\_ FITNESS FUNDRAISER SPONSORSHIP @\$250 \$ \_\_\_\_\_

\_\_\_\_\_ **ChopEd** SPONSORSHIP @\$500 \$ \_\_\_\_\_

\_\_\_\_\_ OTHER SPONSORSHIP (SEE PG 5) \$ \_\_\_\_\_

\_\_\_\_\_ AD IN PROGRAM BOOK - FULL PG \$350 OR 1/2 PG \$200 \$ \_\_\_\_\_

LESS \$200 DEPOSIT PER BOOTH 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 and MC Cards and the 4 Digit Code on the front of AMEX Cards

**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.
- \_\_\_\_\_ Packaging Equipment Supplies
- \_\_\_\_\_ 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 **the total exhibit fee plus** any Sponsorship or Ad fees. I understand that the full balance is due with Registration Form and that if the full balance is not received with the Registration Form, my requested space may be sold or reassigned. I also understand that if there is a balance due after July 31, 2013, a \$150 late fee, per booth will apply. Brokers: **100% 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 and send with completed Registration Form:  
**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**