

EXHIBITOR APPLICATION

CALIFORNIA SCHOOL NUTRITION ASSOCIATION
 63RD ANNUAL CONFERENCE AND TRADE SHOW
NOVEMBER 5-8, 2015 ● ONTARIO, 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 _____

PRODUCTS TO BE DISPLAYED: _____

| CONTACT INFORMATION FOR INCLUSION IN THE PROGRAM IF DIFFERENT FROM ABOVE | Please check the categories which most closely describe the products or services you will be displaying. |
|--|---|
| Company _____ | <input type="checkbox"/> Baked Products/Frozen/Fresh <input type="checkbox"/> Food, Frozen |
| Contact Name _____ | <input type="checkbox"/> Brokers <input type="checkbox"/> Food, IQF |
| Address _____ | <input type="checkbox"/> Beverages <input type="checkbox"/> Food, Fruits & Vegetables |
| City _____ State _____ Zip _____ | <input type="checkbox"/> Canned Goods <input type="checkbox"/> Food, Snack |
| Phone _____ FAX _____ | <input type="checkbox"/> Computer Hardware <input type="checkbox"/> Food, Staples |
| E-Mail _____ | <input type="checkbox"/> Computer Software <input type="checkbox"/> Food Courts/Furniture |
| Broker _____ | <input type="checkbox"/> Dairies <input type="checkbox"/> Janitorial |
| | <input type="checkbox"/> Distributors <input type="checkbox"/> POS Equipment/Money Counters |
| | <input type="checkbox"/> Equipment, Banquet <input type="checkbox"/> Packaging Equipment/Supplies |
| | <input type="checkbox"/> Equipment, Large <input type="checkbox"/> Paper Supplies |
| | <input type="checkbox"/> Equipment, Small Wares <input type="checkbox"/> Resource Agencies |
| | <input type="checkbox"/> Equipment, Software <input type="checkbox"/> State Agencies |
| | <input type="checkbox"/> Food, Condiments <input type="checkbox"/> Uniforms |
| | <input type="checkbox"/> Food, Dry Goods <input type="checkbox"/> Other _____ |

PAYMENT INFORMATION

MEMBER EXHIBIT FEES:

_____ NUMBER OF REGULAR BOOTHS @\$1,125 \$ _____
 _____ NUMBER OF PREMIUM BOOTHS @\$1,275 \$ _____
 _____ **20' X 20' ISLAND @ \$6,000** \$ _____

NON-MEMBER EXHIBIT FEES:

_____ NUMBER OF REGULAR BOOTHS @\$1,375 \$ _____
 _____ NUMBER OF PREMIUM BOOTHS @\$1,525 \$ _____
 _____ **20' X 20' ISLAND @ \$7,000** \$ _____

SUBTOTAL \$ _____

PLUS LATE FEE (IF NOT PAID IN FULL BY JULY 31, 2015)

_____ BOOTHS @ \$150 PER BOOTH \$ _____

PLUS SPONSORSHIP/ADVERTISING FEE:

_____ OTHER SPONSORSHIP (SEE PG 6) \$ _____
 _____ AD IN PROGRAM BOOK - FULL PG \$350 OR 1/2 PG \$200
 _____ \$ _____

LESS \$200 DEPOSIT PER BOOTH PAID (IF ANY) \$ (_____)

TOTAL AMOUNT DUE \$ _____

PAYING BY CHECK - Made payable to CSNA CHECK # _____

COMPLETE INFORMATION BELOW TO PAY BY CREDIT CARD:

CARD NO. _____
 EXP DATE _____ SECURITY CODE _____
 BILLING ADDRESS _____
 CITY _____ ST _____ BILLING ZIP _____
 SIGNATURE _____

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, 2015 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.

AUTHORIZED BY (SIGNATURE) _____

TYPED OR PRINTED NAME _____

TITLE _____ DATE _____

Yes, I have enclosed the **MANDATORY** CERTIFICATE OF INSURANCE.

Send completed Registration Form with payment to:
California School Nutrition Association, Attn. Exhibit Manager
 PO Box 11376, Burbank, CA 91510
Questions? Call (818) 842-3040 ● Fax: (818) 843-7423