

## EXHIBITOR APPLICATION

CALIFORNIA SCHOOL NUTRITION ASSOCIATION  
65<sup>TH</sup> ANNUAL CONFERENCE AND TRADE SHOW  
**NOVEMBER 9-12, 2017 ● SACRAMENTO, CALIFORNIA**

COMPANY NAME: \_\_\_\_\_

COMPANY NAME YOU WOULD LIKE ON THE ID SIGN FOR YOUR BOOTH?  
\_\_\_\_\_

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: \_\_\_\_\_

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	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
EMail _____	<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, 2017)

\_\_\_\_ 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, 2017 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**