

EXHIBITOR APPLICATION

CALIFORNIA SCHOOL NUTRITION ASSOCIATION
67TH ANNUAL CONFERENCE AND TRADE SHOW
NOVEMBER 7-10, 2019 ● ONTARIO, 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

Company _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____

EMail _____

Broker _____

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

- | | |
|--|---|
| <input type="checkbox"/> Baked Products/Frozen/Fresh | <input type="checkbox"/> Food, Frozen |
| <input type="checkbox"/> Brokers | <input type="checkbox"/> Food, IQF |
| <input type="checkbox"/> Beverages | <input type="checkbox"/> Food, Fruits & Vegetables |
| <input type="checkbox"/> Canned Goods | <input type="checkbox"/> Food, Snack |
| <input type="checkbox"/> Computer Hardware | <input type="checkbox"/> Food, Staples |
| <input type="checkbox"/> Computer Software | <input type="checkbox"/> Food Courts/Furniture |
| <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, 2019)

___ 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 within 5 days of reserving space, or my requested space may be sold or reassigned.** I also understand that if there is a balance due after July 31, 2019 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