

# EXHIBITOR APPLICATION

72<sup>ND</sup> Annual Conference • California School Nutrition Association  
November 13-16, 2024 • SAFE Credit Union Convention Center

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 RESERVING: \_\_\_\_\_ REGULAR BOOTHS \_\_\_\_\_ PREMIUM BOOTHS

PREFERRED BOOTH LOCATION: 1<sup>ST</sup> \_\_\_\_\_ 2<sup>ND</sup> \_\_\_\_\_ 3<sup>RD</sup> \_\_\_\_\_

PRODUCTS TO BE DISPLAYED: \_\_\_\_\_

## CONTACT INFORMATION FOR INCLUSION IN THE CONFERENCE APP

Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Broker: \_\_\_\_\_

If exhibit space is cancelled more than 120 days prior to the conference, a \$250 administrative fee will be charged and all other deposits will be refunded. If exhibit space is cancelled between 90 and 120 days prior to the conference, one half of the booth price will be held as a cancellation fee, and all other deposits will be refunded. **If exhibit space is cancelled less than 90 days prior to conference, no refunds will be given.**

## Payment Information

### MEMBER EXHIBIT FEES:

\_\_\_\_ NUMBER OF REGULAR BOOTHS @\$1,275 \$ \_\_\_\_\_  
\_\_\_\_ NUMBER OF PREMIUM BOOTHS @\$1,425 \$ \_\_\_\_\_  
\_\_\_\_ 20' X 20' ISLAND @ \$6,500 \$ \_\_\_\_\_

### NON-MEMBER EXHIBIT FEES:

\_\_\_\_ NUMBER OF REGULAR BOOTHS @\$1,525 \$ \_\_\_\_\_  
\_\_\_\_ NUMBER OF PREMIUM BOOTHS @\$1,675 \$ \_\_\_\_\_  
\_\_\_\_ 20' X 20' ISLAND @ \$7,500 \$ \_\_\_\_\_

SUBTOTAL \$ \_\_\_\_\_

### PLUS LATE FEE (IF NOT PAID IN FULL BY JULY 31, 2024)

\_\_\_\_ BOOTHS @ \$150 PER BOOTH \$ \_\_\_\_\_

### PLUS SPONSORSHIP/ADVERTISING FEE:

\_\_\_\_ OTHER SPONSORSHIP (SEE PG 6) \$ \_\_\_\_\_

TOTAL AMOUNT DUE \$ \_\_\_\_\_

PAYING BY CHECK - Made payable to CSNA CHECK # \_\_\_\_\_

### COMPLETE INFORMATION BELOW TO PAY BY CREDIT CARD:

CARD NO.: \_\_\_\_\_

EXP DATE: \_\_\_\_\_

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, 2024 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  
P.O. Box 11376, Burbank, CA 91510

Questions? 818-842-3040 or [amber@calsna.org](mailto:amber@calsna.org)