

EXHIBITOR APPLICATION

73rd Annual Conference • California School Nutrition Association
October 29 - November 1, 2025 • Pasadena 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: 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: _____

Contact Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Fax: _____

Email: _____

Broker: _____

___ Baked Products/Frozen/Fresh

___ Brokers

___ Beverages

___ Canned Goods

___ Computer Hardware

___ Computer Software

___ Dairies

___ Distributors

___ Equipment, Banquet

___ Equipment, Large

___ Equipment, Small Wares

___ Equipment, Software

___ Food, Condiments

___ Food, Dry Goods

___ Food, Frozen

___ Food, IQF

___ Food, Fruits & Vegetables

___ Food, Snack

___ Food, Staples

___ Food Courts/Furniture

___ Janitorial

___ POS Equipment/Money

___ Counters

___ Packaging Equipment/Supplies

___ Paper Supplies

___ Resource Agencies

___ State Agencies

___ Uniforms

___ Other _____

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, 2025)

___ BOOTHS @ \$150 PER BOOTH \$ _____

PLUS SPONSORSHIP/ADVERTISING FEE:

___ OTHER SPONSORSHIP (SEE PG 6) \$ _____

___ AD IN CONFERENCE APP (various opportunities, page 6) \$ _____

TOTAL AMOUNT DUE \$ _____

PAYING BY CHECK - Made payable to CSNA CHECK # _____

COMPLETE INFORMATION BELOW TO PAY BY CREDIT CARD:

CARD NO.: _____

EXP DATE: _____ SECURITY V-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, 2025 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