

APPLICATION FOR EXHIBIT SPACE:

Note: Do not use this form if you applied online. Mail-in applications must be received before April 6, 2018.

119th California State PTA Annual Convention at the Ontario Convention Center Exhibits Open: April 26 – 28, 2018

Please type or print and complete all areas below.

Date: _____ Company Name: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____

ZIP: _____

Phone: (____) _____ Fax: (____) _____

Email: _____

Federal Tax ID # (Required): _____

Insurance on file with Knight Insurance Services? Yes No

Insurance Company: _____

Name of Insured: _____

Agent's Name: _____

Agent's Phone: (____) _____

Type of Company: Commercial Nonprofit (Must provide copy of 501 (c) 3 letter)
 Allied Agency

Type of Product: _____

Will any item be sold or orders taken in the booth? No Yes

Attach copy of your valid California Seller's Permit.

I am aware the acronym "PTA" or name "California State PTA" may not be utilized in any exhibitor materials.

Will food/drink samples be provided? No Yes (Liquid = two ounces. Solids = one ounce.)

Please fill out the FOOD & BEVERAGE SAMPLE AUTHORIZATION FORM. Follow the instructions on the form from the Ontario Convention Center (see Attachment 1).

Will live animals be displayed in booth? No Yes (Requires pre-approval and additional cost may apply.)

List animals: _____

Booth Rental Costs:

Commercial standard booth(s) only	Number of booths:	x \$1,350 =	\$
	With Package A:	x \$1,531 =	\$
	With Package B:	x \$1,623 =	\$
Commercial corner booth(s) only	Number of booths:	x \$1,500 =	\$
	With Package A:	x \$1,681 =	\$
	With Package B:	x \$1,773 =	\$
Nonprofit standard booth(s) only	Number of booths:	x \$750 =	\$
	With Package A:	x \$931 =	\$
	With Package B:	x \$1,023 =	\$
Nonprofit corner booth(s) only	Number of booths:	x 900 =	\$
	With Package A:	x \$1,023 =	\$
	With Package B:	x \$900 =	\$
	<i>Sponsorship Amount (check only) =</i>		\$
	Payment/Deposit =		\$
Packages A & B Balance Due by February 28, 2018 =			\$
Standard Package Balance Due by April 16, 2018 =			\$

Booth Choices: 1st _____ 2nd _____ 3rd _____

Contact me. I am interested in sponsorship opportunities.

Information for Exhibitor List to be Provided to Delegates:

Contact Name: _____ Phone Number: (_____) _____

Email: _____

Facebook: _____ Twitter: _____

Product Description for Exhibitor List (25 words or less): _____

The undersigned exhibitor applicant desires to participate in the California State PTA Convention to be held in the City of Ontario, California from April 26 – 28, 2018, subject to the terms, conditions, rules and regulations governing said convention which are set forth on the attached Rules and Regulations and which are expressly made a part of this application as though repeated herein in full, preceding the signature of the undersigned. ***An Annual Certificate of Liability Insurance, Additional Insured Endorsement and Hold Harmless Agreement is required to exhibit and must be sent to the California State PTA's insurance broker at the time of payment and application. Contract is not valid until exhibitor's participation is approved by the California State PTA and contract is countersigned.*** Booth(s) are secured when application, Certificate of Liability Insurance, Additional Insured Endorsement, Hold Harmless Agreement and full payment is received, approved and verified. ***Full payment must be received by April 16, 2018.*** If a deposit is made, the balance is due prior to booth guarantee. The exhibitor applicant understands the booths may be reassigned as deemed necessary by California State PTA. Application, payment of booth fee(s) and insurance documents are date stamped when received. Applicant agrees to pay the space rental fees allocated to the booths assigned. ***No refund, UNDER ANY CIRCUMSTANCES, if cancellation is received by the California State PTA after March 1, 2018.***

In witness whereof, the exhibitor applicant has caused this application to be executed individually or by an officer, agent or representative duly authorized to execute same and agrees that, if granted, exhibitor and all of its representatives will abide by all rules and regulations as stated within this *Exhibitor Prospectus*.

Signature: _____ Print Name: _____

Title: _____ Date: _____

Check Money order Visa MasterCard American Express

Amount to be charged: \$ _____

Credit card number: _____ - _____ - _____ Expiration date: _____/_____/_____

Security Code: _____

Name on Card: _____ Cardholder's Signature: _____

Make check or money order payable to **California State PTA**. Mail payment with application to:

Attention: California State PTA Exhibitor Registration
Smart-reg International
3283 De La Cruz Blvd., Suite J
Santa Clara, CA 95054

Online registration payment is by credit card only. **Note:** *Certificate of Liability Insurance, Additional Insured Endorsement and Hold Harmless Agreement **must** be sent to Knight Insurance Services. Fax: (818) 662-9312; Contact Person: Jennifer Burgh.*

Contract is not valid until exhibitor's participation is approved by the California State PTA and contract is countersigned.

California State PTA Use Only:

Approved by: _____, California State PTA President

Date: _____