#### **Exhibitor Contract**

Association of Correctional Food Service Affiliates California Chapter 2015 State Conference and Vendor Show October 11 – 14, 2015 Crowne Plaza, Ventura, Ca.



#### Registration will not be processed until completed application & payment have been received

I, am an AUTHORIZED REPRESENTATIVE (office contact person) with address information to receive all corresponding materials relating to Exhibits, Exhibiting at the 2015 ACFSA CA Chapter Conference in Ventura, CA. (\* Indicates a required field)

*Name:							
*Title:							
*Company:							
*City/State/Zip:							
*Contact Telephone:	*Fax:						
*Contact Email:							
•	ef description (25 words or less) of the products/services being exhibited at the Conference. information will be included in the conference program. (Please type or print clearly.)						
Using the floor plan in this application (Exhof preference. Booth assignments will be madell contracts received before those dates where with and their support of the ACFSA Ca. contracts received after August 1, 2015 will *Corner Booths are an additional \$50.00 and	ade after June 1, 2015 and agaill be assigned booths base. Chapter, their preferences 1 be assigned booths on a fire	gain after August 1, 2015, on their past involvement and electrical needs. All rst come first serve basis.					
1 <sup>st</sup> Choice: 2 <sup>nd</sup> Choice:	3 <sup>rd</sup> Choice:	4 <sup>th</sup> Choice:					
Indicate below any specific companies you will be made to avoid assigning booth space guarantee that you will not be placed next to	es near these companies, AC	CFSA Ca. Chapter can not					

#### ABSOLUTELY NO SOLICITATION:

Non-exhibiting companies are not allowed to distribute promotional material or solicit business in the exhibit hall; if found doing so, they will be asked to leave immediately and no refunds will be made. An exhibiting company incurs many costs booth space, shipping, etc. To meet with correctional food service professionals, network with other companies, and most importantly market their products and services during our conference. Buying a one-day exhibit hall pass and "walking the hall" is not fair to exhibiting companies. This policy is to protect the interests of the exhibiting companies, not ACFSA CA Chapter. If found in violation of our policy, your company will not be permitted to attend or exhibit at our ACFSA CA Chapter State Conference for the next three years.

# Exhibitor Registration Form (Part One) ACFSA Ca. Chapter 2015 State Conference Registration will not be processed until Completed Application and Payment have been received

Number	Type of Registration	Registration	Registration	Registration	Amount
		Before	Before	After	Due
		May 15, 2015	August 15, 2015	August 15, 2015	
	**Booth ACFSA Member	\$850.00	\$1,000.00	\$1,150.00	
	**Booth Non-Member	\$1,075.00	\$1,225.00	\$1,375.00	
	*Corner Booths, addi	\$50.00			
	*Electrical in Booth,	\$50.00			
			two (2) personnel booth will require		
	Additional Personnel	\$195.00			
	Additional Personnel	\$75.00			
		•	l Night (Sunday the Lound Golf or Spa	•	
1	Please circle your choice		Round of Golf	Spa Package	Included
	Additional rounds of	Golf		\$90.00	
	Additional Spa Packa	\$90.00			
2015 \$	2015 Scholarship Donor Silver \$375.00 \$750.00				
2015 Conference Sponsorship Silver Gold Pla				Platinum \$1,000.00	
(Fu	ıll payment must be ac	companied by a		Total amount Due ation form)	
	You can s	ponsor a General Se	ortunities are also avait ession, Meal or Entertai 59) 992-7100 ext. 5762		1

You can pay by Check, Money Order, or Credit Card.

### Paying by Check or Money Order:

Make Check or Money Order out to CC-ACFSA

Send your completed form and payment to: ACFSA, CA Chapter

P. O. Box 1642 Tulare, Ca. 93275

### Paying by credit card:

Make payment at <a href="www.acfsa.org/chapters/ca.php">www.acfsa.org/chapters/ca.php</a>
Send your completed form to <a href="mailto:donald.perkins@cdcr.ca.gov">donald.perkins@cdcr.ca.gov</a>

# Exhibitor Registration Form (Part Two) ACFSA Ca. Chapter 2015 State Conference Registration will not be processed until Completed Application and Payment have been received

## **Badge Information**

Name:	_
Nickname for Badge (optional):	_
Position:	_
Facility/Company:	_
Name:	_
Nickname for Badge (optional):	_
Position:	_
Facility/Company:	_
Cancellations Cancellations requested in writing to CA. Chapter ACFSA will be given a full refund if recangust 1, 2015. Cancellations received after August 1, 2015 will not be refunded.	eived on/or before
Please sign below to indicate that you have read and understand this 2015 AC Conference prospectus and accompanying information which are part of this conto the terms and conditions stated here in. Acceptance by the ACFSA CA Chap contract.	tract, and agree
Name:	
Title:	
Signature: Date:	

### EXHIBIT MAP

_		25*	22*	19*	16*		13*
		24	21	18	15		12
_		23*	20*	17*	14*		11*
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