

Exhibitor Application

I am interested in purchasing (check all that apply):

EXHIBITOR PACKAGE 1	\$150 (before 9/1/19)	\$200 (after 9/1/19)
EXHIBITOR PACKAGE 2	\$200 (before 9/1/19)	\$250 (after 9/1/19)
EXHIBITOR PACKAGE 3	\$400 (before 9/1/19)	\$450 (after 9/1/19)
EXHIBITOR PACKAGE 4	\$550 (before 9/1/19)	\$600 (after 9/1/19)
ELECTRICITY	\$100	
WI-FI	\$50	
FULL PAGE AD	\$250 (ad and payment due by 8/9/19)	TOTAL: \$ _____
HALF PAGE AD	\$175 (ad and payment due by 8/9/19)	
QUARTER PAGE AD	\$100 (ad and payment due by 8/9/19)	

Agency/Organization/Company Name: _____

Booth Contact: _____
(Contact will receive Conference correspondence and information)

Booth Attendant: _____
(If different from Booth Contact)

Mailing Address: _____

E-Mail: _____ Phone: _____

Describe Your Agency/Products: _____

PAYMENT INFORMATION

Check (Payable to County of San Bernardino)

Purchase Order (An invoice will be e-mailed to you)

Credit Card

Visa Mastercard American Express

Card Number: _____

Expiration Date: _____ Security Code: _____

Card Holder Name: _____

Card Billing Address: _____
Check if address is same as above

City: _____ State: _____ Zip: _____

Please check if you would like a receipt

Would you like to donate a door prize?

Regular Meal

Vegetarian Meal

Gluten Meal

A confirmation letter and information packet will be e-mailed after a complete application and full payment has been received.

The deadline to reserve and pay for an Exhibit Hall space is September 11, 2019 OR until sold out.

Mail application and payment to:

Children's Network
ATTN: Denise McKinney
825 E. Hospitality Ln., 2nd Fl.
San Bernardino, CA 92415-0049

Fax application to:

Children's Network at (909) 383-9688

Questions or Information:

Contact Denise McKinney at (909) 383-9659
or dmckinney@hss.sbcounty.gov

I have read and agree to abide by all Children's Network Conference Exhibitor Rules and Regulations:

Signature: _____

Date: _____