

# Exhibitor Application

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

EXHIBITOR PACKAGE 1	\$150 (before 9/1/18)	\$200 (after 9/1/18)
EXHIBITOR PACKAGE 2	\$200 (before 9/1/18)	\$250 (after 9/1/18)
EXHIBITOR PACKAGE 3	\$400 (before 9/1/18)	\$450 (after 9/1/18)
EXHIBITOR PACKAGE 4	\$550 (before 9/1/18)	\$600 (after 9/1/18)
ELECTRICITY	\$100	
WI-FI	\$50	
FULL PAGE AD	\$250 (ad and payment due by 9/1/18)	
HALF PAGE AD	\$175 (ad and payment due by 9/1/18)	
QUARTER PAGE AD	\$100 (ad and payment due by 9/1/18)	

Agency/Organization/Company Name: \_\_\_\_\_

Booth Contact: \_\_\_\_\_

*(Contact will receive Exhibit Hall correspondence and information)*

Booth Attendant \_\_\_\_\_

*(If different from Booth Contact)*

Mailing Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone# \_\_\_\_\_

Describe Your Agency/Products: \_\_\_\_\_



## PAYMENT MUST BE RECEIVED PRIOR TO BOOTH CONFIRMATION AND ASSIGNMENT

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*

\_\_\_\_\_

**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 8, 2018 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) 383-9657  
or [dmckinney@hss.sbcounty.gov](mailto:dmckinney@hss.sbcounty.gov)

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_