

Exhibitor/Booth Application

Application Deadline: September 29, 2023

YOU MUST COMPLETE THE ENTIRE APPLICATION and email to lkennedy@LLKAssociates.com

Are you a Conference Sponsor? Yes No Are you an active Committee Member? Yes No

Organization Name: _____ Contact Person: _____

Email Address: _____ Phone: _____

Web Site of Organization or Business: _____

Exhibit Category (check all that apply):

HEALTH PRODUCTS FOR SALE ECO GREEN ENVIRONMENT MISC. SERVICE

Will you be selling products or services? Yes No Do you have a Pasadena sales tax # Yes No

Please describe product(s) or service(s):

Please contact Lena Kennedy for details – lkennedy@LLKAssociates.com

PLEASE CHECK ONE:

Booth only = \$500

Booth + ½ page ad = \$1,075

Booth + full page ad = \$2,075

- Each Exhibitor booth must be staffed from 9:00 a.m. to 4 p.m. on December 1.

How many staff will be at your booth? ____.

NOTE: All booth exhibitors must set up the night before the event

- One six-foot table and two chairs will be provided. Please indicate if an electrical outlet is needed.

- Wi-Fi is available at a nominal cost.

- Is there any information regarding your exhibitor booth that we need to be informed about? Yes No

Please describe:

Please make your check payable to: Community Women Vital Voices and mail to: CWVV, c/o Booth Committee

P. O. Box 40371, Pasadena CA 91114 You can also pay online at www.SoCalWomenConference.com

(If you are not accepted as an exhibitor, your check will be returned – if your application is accepted there are no booth fee refunds if you decide not to participate.)

Authorized Signature of Organization

Date

By typing in your name, you agree to the Terms and Conditions of SCWC Exhibitor/Booth Application.

FOR INTERNAL USE ONLY

Confirmed to participate Yes No Booth number _____ Check Rec'd _____ Amt. _____

www.SoCalWomenConference.com

Exhibitor Waiver Form

Must be submitted with Exhibitor Application. Deadline: September 29, 2023

In consideration of participating in this event, I take the following action for myself and my executors, administrators, heirs, next of kin, successors, or assigns: **I waive, release, and discharge** from any and all liability for my death, disability, illness, personal injury, property damage or loss, the SoCal Women's Conference, their members, directors, officers, employees, volunteers, representatives, and agents; in addition, **I will indemnify and hold harmless** the SoCal Women's Conference and persons from any and all liabilities and claims made as a result of my participation in this event.

Signature: _____ **Date:** _____
By typing in your name, you agree to the Terms and Conditions of SCWC Exhibitor Waiver Form.

Name: _____
Please print