

# Exhibitor/Booth Application

**Application Deadline: Sept 13, 2019 • YOU MUST COMPLETE THE ENTIRE APPLICATION**

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 CHECK ONE:

Booth only = \$600

Booth + tablecloth & skirt = \$630

Booth + ½ page ad = \$1,600

Booth + full page ad = \$2,600

• Each table must be staffed at all times. How many staff will be at your table? \_\_\_\_\_

(If you are not hosting a luncheon table – you can include 2 staff for your booth. If you have more than 2 staff for your booth, there is an additional charge of \$50 per person, which will cover lunch.)

## PLEASE COMPLETE EVERY QUESTION:

• Will you be in bodily contact with guests (beyond handshake)?  Yes  No

• Will you need extra space around your 8 ft. long table?  Yes  No. If yes, how many feet? \_\_\_\_\_

• Will you need an electrical outlet?  Yes  No (please bring your own extension cords, power strips)

• Will you need a WI-FI connection?  Yes  No The cost is \$8.95 per four-hour connection.

You will need to make arrangements directly with The Pasadena Hilton.

• Will you bring your own tablecloth and skirt or dressing?  Yes  No

• Will you need to order a tablecloth and skirt?  Yes  No The cost is \$30 extra.

• Box Lunch  Yes  No If yes, please check a box:  One Lunch  Two Lunches

• Is there any other information regarding your display 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 Gerry Sudduth, P. O. Box 40371, Pasadena CA 91114 (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 SCWHC Exhibitor/Booth Application.

## FOR INTERNAL USE ONLY

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

[www.SoCalWomenConference.com](http://www.SoCalWomenConference.com)



# Exhibitor Waiver Form

**Must be submitted with Exhibitor Application. Deadline: Sept. 13, 2019**

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 So Cal Women's Conference, their members, directors, officers, employees, volunteers, representatives, and agents; in addition, **I will indemnify and hold harmless** the So Cal 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 SCWHC Exhibitor Waiver Form.*

**Name:** \_\_\_\_\_  
**Please print**

Exhibitors Contact: Gerry Sudduth, socialhealth.gerry@gmail.com or 626.316.0028