

Exhibitor/Booth Application

Application Deadline: Nov. 30, 2016 • 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 = \$500

☐ Booth + tablecloth & skirt = \$530

☐ Booth + ½ page ad = \$1,500

☐ Booth + full page ad = \$2,500

• 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. _____



Exhibitor Waiver Form

Must be submitted with Exhibitor Application. Deadline: November 30, 2016

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 Health Conference, their members, directors, officers, employees, volunteers, representatives, and agents; in addition, **I will indemnify and hold harmless** the SoCal Women's Health 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