

Exhibitor Form

2020 WESTERN CHAPTER ISA
CONFERENCE & TRADE SHOW

Company Name/Contact Person

Phone Number

Street Address

Fax Number

City, State, Zip Code

Website

Please list the representative name as it will appear on name badge:

Name (1) For Full Registration

Email

Special Meal Request: Vegetarian Vegan Gluten-free Other: _____

Additional Representative(s) - Subject to a fee of \$300.00 per registrant (includes continental breakfasts, breaks and lunches) **Note:** Limit of two per booth

Name (1) For 1st Additional Representative

Email

Special Meal Request: Vegetarian Vegan Gluten-free Other: _____

Name (2) For 2nd Additional Representative

Email

Special Meal Request: Vegetarian Vegan Gluten-free Other: _____

Please list any special needs or requests (additional charges may apply): _____

**Additional fee required for electrical and other a/v requests (order form available online).

Desired Booth space: Choice one: _____ Choice two: _____ Choice three: _____

Please state the business name you would like on your sign: _____

TYPE EXHIBIT:

- Indoor exhibit space @ \$900.00 \$ _____
Includes one full conference registration
- Add outdoor exhibit space @ \$350.00 \$ _____
- Outdoor exhibit space only @ \$900.00 \$ _____
- Additional outdoor exhibit space @ \$250.00 (limit of 1) \$ _____
- Additional Representative – \$300.00/each (limit of 2) \$ _____
includes breakfasts, breaks and lunches
- Educational exhibit space – \$75.00 \$ _____
- Sponsorship Donation \$ _____

TOTAL AMOUNT \$ _____

Circle one: CHECK VISA MC AMEX (make checks payable to WCISA)

Credit Card Number: _____ CVV: _____ Exp: _____

Name on Card: _____

Billing Street Address: _____ City, State, Zip: _____

Authorized Signature

Date

Total amount is due with this registration. All booth space will be allocated on a first-paid, first-choice basis.
Return completed form with check or credit card information to: Western Chapter ISA, 31910 Country Club Drive,
Porterville, CA 93257. Form may be faxed to 559/784-8711