

# Exhibitor Form

2023 WESTERN CHAPTER ISA  
CONFERENCE & TRADE SHOW

Company Name/Billing Contact Person

Phone Number

Street Address

Fax Number

City, State, Zip Code

Website

Please list the Onsite Representative name as it will appear on name badge:

Name (1) For Full Registration  
Special Meal Request:  Vegetarian  Vegan

Email  
 Gluten-free  Other: \_\_\_\_\_

Additional Onsite 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 1<sup>st</sup> Additional Representative  
Special Meal Request:  Vegetarian  Vegan

Email  
 Gluten-free  Other: \_\_\_\_\_

Name (2) For 2<sup>nd</sup> Additional Representative  
Special Meal Request:  Vegetarian  Vegan

Email  
 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 @ \$1000.00 \$ \_\_\_\_\_  
***Includes one full conference registration***
- Add outdoor exhibit space @ \$500.00 \$ \_\_\_\_\_
- Outdoor exhibit space only @ \$1000.00 \$ \_\_\_\_\_
- Additional outdoor exhibit space @ \$500.00 (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