Exhibitor Form

2024 WESTERN CHAPTER ISA CONFERENCE & TRADE SHOW

Company Name/Billing Contact Person Street Address City, State, Zip Code				Phone Number Fax Number Website									
							Please list the	e Onsite Repr	esentative nar	me as it will a	ppear on nan	ne badge:	
							Name (1) For F Specie	ull Registration al Meal Request	☐ Vegetar	ian 🗆 Vegan	mail 🛮 Glute	en-free 🛮 Other:_	
	-	entative(s) - Su Limit of two pe	-	of \$300.00 p	er registrant (incl	udes continental breakfast							
Name (1) For 1 st Additional Representative Special Meal Request:				Email Gluten-free Other:									
Name (2) For 2 nd Additional Representative Special Meal Request: Vegetarian Vegan				Email Gluten-free Other:									
Please list a	ny special ne	eds or reques	sts (additional	charges may	apply):								
**Additional	fee required	for electrical	and other a/v	requests (or	der form availab	le online).							
Desired Boot	·		,			Choice three:							
TYPE EXHIBI		nume you w	oold like on	7001 31gm									
	Indoor exh	ibit space @ S			\$								
		d outdoor exh											
□ 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 \$												
	Sponsorshi	•											
			TOTA	L AMOUNT	\$								
Circle one:	CHECK	VISA	MC	AMEX	(make checks p	ayable to WCISA)							
Credit Card Number:					•	•							
Name on Ca	rd:												
				City, State, Zip:									

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