

Safety 'N Kids Traffic Summit

EXHIBIT APPLICATION

1. Exhibitor's Information

Exhibit Contact:** _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____

E-mail: _____

2. Special Consideration/Requests* _____

3. Booth Rental Fees/Payment

	Quantity	Amount	Total
For-Profit companies	_____ 8'x10' @	\$ 500.00 ea.	\$ _____
Non-Profit companies	_____ 8'x10' @	\$ 250.00 ea.	\$ _____

4. Corridor and Outdoor Exhibits

For-Profit companies _____ 8'x10' @ \$ 1,000.00 ea. \$ _____

Non-Profit companies _____ 8'x10' @ \$ 500.00 ea. \$ _____

5. Staffing

Please provide us with the booth representative (one per booth)

Name: _____ Title: _____

(Registration not included in booth fee)

6. Booth Identification Sign

Company/Organization: _____

7. Exhibit Profile

Please attached a one paragraph production/organization description of exhibit for Summit program and an e-mail address for future inquiries by Summit attendees: ___ yes, ___ no

8. Payment Information

Will not be processed without payment or purchase order.

Check one:

_____ Check, _____ Money Order or _____ Purchase Order

Purchase Order Number: _____, Date: _____

9. Summit Location

10. Summit Dates _____

11. Contract

In accordance with the contract, rules and regulations outlined on the Safety 'N Kids Traffic Summit's website, the undersigned understands and accepts all terms and hereby applies for exhibit space. Upon acceptance by Safety 'N Kids Traffic Summit, this document constitutes a contract.

Authorized Signature

Company Name

Date Signed

**Video and/or electrical requirements are an additional charge. Arrangements to be with the Summit site organization.*

Please make a photocopy of this application for your records and return this form your payment, money order or purchase order. Please make your payment payable to Safety 'N Kids and mail to:

Safety 'N Kids
c/o Y.E.S
P.O. Box 4384
Chatsworth, CA 91313-4384
Phone: 818-292-0779
Fax: 818-993-1916

For Safety 'N Kids Use Only: Date Rec'd: _____ Total Amount Due: _____ Check #: _____ Amount: _____ Date Confirmed: _____ Exhibit Profile included: _____

***Carefully choose your contact person! All correspondence regarding the exhibit will be sent to the exhibit contact person unless otherwise noted. If the contact name changes, please notify us by e-mail or fax.*