

2012 CHI STATE CONVENTION

Vendor, Exhibitor and Affiliate Vendor Application/Agreement

May 4 & 5, 2012

CONTACT PERSON;

Patricia Twyman
1548 Corte Playa Las Brisas
San Diego, CA 92124-1547
(858) 278-4731
pattwyman@gmail.com

CONVENTION LOCATION:

Marriott Hotel Irvine
18000 Van Karman
Irvine, CA 92612
(949) 553-0100
www.marriott.com

- Approximately 600 attendees, representing over six thousand members statewide, are expected.
- **All tables/spaces will be located in a secured room. All tables are draped.**
- Scheduled hours are **Friday, May 4, 11:00 am to 7:00 pm and Saturday, May 5, 7:30 am to 3:30 pm.**

VENDOR / EXHIBITOR DESIGNATIONS

A **VENDOR** is a person, company or organization who sells directly from the table/space allocated.

- Two 6 foot tables with 4 chairs or equivalent space: \$400
- (Each additional table or space is \$200)
- 6 foot table with 2 chairs or equivalent space: \$200
- One half of an 6 foot table with one chair: \$100

An **AFFILIATE VENDOR** is a member, Chapter, or Area of Chi State who sells directly from the table/space allocated.

- Two 6 foot tables (draped) with 4 chairs or equivalent space: \$200
- (Each additional table/space is \$100)
- One 6 foot table with 2 chairs or equivalent space: \$100
- One half of an 6 foot table with one chair: \$50

ALL VENDORS MUST HAVE A CA SELLER'S PERMIT FROM THE BOARD OF EQUALIZATION, 1-800-400-7115 OR WWW.BOE.CA.GOV

An **EXHIBITOR** is a company or company who wants to demonstrate or display items **without** selling directly from the table/space allocated.

- Two 6 foot tables with 4 chairs: \$200
- One 6 foot table with 2 chairs: \$100
- One half of an 6 foot table with 1 chair: \$50

The deadline for inclusion in the convention program is **March 15, 2012**.

- Submit the **check (payment in full)** and the application **ASAP** to Pat Twyman, 11548 Corte Playa Las Brisas, San Diego, 92124-1547.
- All checks must be made out to **Chi State**.

Upon completion of this process, a confirmation letter and a receipt will be sent to you.

This application is for a (**circle choice**) vendor affiliate vendor exhibitor

The number of tables/ spaces requested is/are (**circle choice**) 2 1 ½ _____
OTHER

Amount of check submitted: _____

Company/ Organization Name: _____

Person in charge of receiving space confirmation and other information:

Name _____ Position _____

Address _____

State _____ Zip Code _____ Phone Number _____ Email _____

The Convention Program will list the products/services to be sold/exhibited (limit to 15 words):

Your table/s or space/s will be staffed by (names to appear on vendor/exhibitor badges).

1. _____ 2. _____

3. _____ 4. _____

We agree to abide by the provisions set forth in this agreement:

Signed _____ Position _____