



CBEA 2016 State Conference

Navigate Collaborate Invigorate Satiare

Hilton San Jose

November 4-6, 2016

Hilton San Jose
300 Almaden Blvd.
San Jose, CA 95110
(408) 287-2100

EXHIBITOR CONTRACT

SATURDAY, NOVEMBER 5, 2016 ONLY

Name of Firm/Organization			
Mailing Address			
City, ST ZIP			
Contact Person			
Telephone	Fax	E-mail	
Please check <input checked="" type="checkbox"/> the way you wish to be contacted.			
Phone <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> Other: _____			
Exhibitor Reps:			
Description for Program:			

Please check which group(s) of purchasing decision makers most interest you.

High School Community College Private College ROP/C All Other _____

SUPPORT REQUIREMENTS

Standard exhibit registration fee includes one 6-foot draped exhibit table and two chairs, electrical, Internet connection, a company contact listing in the conference program, one complimentary Exhibitors' Luncheon ticket and a hotel table set-up fee of \$25/table for the regular registration fee of \$400. Additional tables are \$125 each. ***Any special AV requests are at the exhibitor's expense arranged through hotel AV services. Deadline for additions or changes, October 13, 2016. ALL EXHIBIT SPACE MUST BE PREPAID.***

Number of table(s) required 1 Electrical outlet required Yes No Internet Requested Yes No

Additional furniture requirements, if any (at cost) _____

Special accommodations required (at cost) _____

We would appreciate any recommendations that you may have to assist us in serving you better.

RESPONSIBILITY

California Business Education Association (CBEA) and the sponsoring hotel shall not be responsible for any loss, damage, or injury that may occur to the exhibitors, or to the exhibitors' employees or property from any cause whatsoever prior, during, or subsequent to the period covered by this agreement. Exhibitor on signing the agreement expressly releases, the California Business Education Association, and the sponsoring hotel from and agree to indemnify same against any claim(s) for such loss, or injury.

SUBLETTING AND CANCELLATION

Booth space(s) may not be sublet or shared without written authorization from the Exhibit Chairperson.
No refunds will be made in the event of cancellation.

 Vendor Signature

 Date

EXHIBIT SPACE CONTRACT Includes one 6-foot draped exhibit table and 2 chairs, electrical and Internet connection. Exhibitors will receive a name badge, program, program listing, and 2-day access to conference breakout sessions and keynote speakers. Exhibitors are welcome to purchase meal and reception tickets at published conference rates. **Postmark, FAX, E-mail deadline for regular registration is October 13, 2016. No refunds after October 13, 2016.**

Registration	Amount	Amount Paid
Early bird registration for first table (Postmarked by July 15, 2016)	350	
Regular registration (Postmarked before October 13, 2016)	400	
Late registration (Postmarked after October 13, 2016)	450	
Additional tables @ \$125 per table	125	
Electrical outlet requested (Please check)	NC	
Internet service requested (Please check)	NC	
Additional Saturday Exhibitors' Luncheon ticket	50	
Publicity ad for program (2" x 4")	30	
Materials for conference bags (No Exhibit Booth)	150	
REGISTRATION TOTAL		

TENTATIVE EXHIBIT SCHEDULE	
Saturday, November 5	
7:00 am	Setup
8:00 am - 8:30 am	Exhibitor Welcome
9:30 am - 10:30 am	Exhibit Break
11:30 am - 12:15 pm	Exhibit Break
12:15 pm - 1:15 pm	Exhibitor Luncheon
1:15 - 2:00 pm	Exhibit Break
3:00 - 4:00 pm	Exhibit Break

PAYMENT—This is a valid Perkins III (VTEA) expenditure. CBEA Tax ID #: 94-6102120

Check enclosed made payable to CBEA 2016 State Conference in the amount of _____

Credit Card Discover MasterCard Visa

Card Number _____ Expiration Date _____

Name on Card _____ Signature _____ (required)

Billing address if different from organization address: _____

MAIL registration form to

CBEA Conference Registration Office
 PO Box 588
 Ridgecrest, CA 93556



Register online at www.cbeaonline.org

Questions?

E-mail: Roietta Fulgham/Jim Omlid
roietta.fulgham@arc.losrios.edu/jomlid@gmail.com
 Phone: (916) 835-2325/(510) 813-6163

\$50 administration fee for refund requests after September 13, 2016.
 For information, contact [Roietta Fulgham](#) or [Jim Omlid](#)
 No refund requests will be honored after 5:00 p.m. PST on **October 13, 2016.**