



## 2023 California Kindergarten Conference EXHIBITOR RESERVATION FORM

Please mail this form, along with the Rules & Regulations, Health & Safety form, and any copy of vaccine cards to:

**CKA, 1014 Chippendale Way, Roseville, CA 95661**  
**OR**  
**Fax to (916)780-5330**  
**OR Email to [cka@ckanet.org](mailto:cka@ckanet.org)**

For assistance, call (916)780-5331 or e-mail [cka@ckanet.org](mailto:cka@ckanet.org)

NOTE: Exhibit space reservations will be taken on a first come, first serve basis, however educational materials will be given preference. **No exceptions will be made.**  
Exhibiting at the California Kindergarten Conference does not entitle the exhibitor to attend sessions.

### A. COMPANY INFORMATION

Name of Company: \_\_\_\_\_  
Authorized Agent's Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Mailing Address/City/State/Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### B. PROGRAM INFORMATION

Website Address: \_\_\_\_\_  
DESCRIBE IN 25 WORDS OR LESS materials you will feature at your booth: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### C. EXHIBIT SPACE INFORMATION

Number of booths requested: \_\_\_\_\_  
Number of tables per booth: (max. of 2) \_\_\_\_\_  
Name of person responsible for exhibit: \_\_\_\_\_  
Name of others will who represent the company at the exhibit: \_\_\_\_\_  
\_\_\_\_\_

Please note table numbers: (See floor plan.)

1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_ 3rd choice \_\_\_\_\_ 4th choice \_\_\_\_\_

I will need electrical power (\$25.00).

### E. PAYMENT INFORMATION

Number of Tables Reserved:	Corner (10'x15')	_____	X \$ 475	=	\$ _____
	In Line (10'x15')	_____	X \$ 450	=	\$ _____
	Electrical Power		X \$ 25	=	\$ _____

**Total amount due: \$ \_\_\_\_\_**

Check# \_\_\_\_\_ enclosed. Make payable to **CKA**.

Charge my:

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Card Security Code \_\_\_\_\_

Name of Card Holder \_\_\_\_\_ Signature \_\_\_\_\_