2024	24 California I EXHIBITOR F	Kindergarten RESERVATION		
Please mail this form, along with the Rules & Regulations, to:				
Kind Croparton Association	CKA, 1014 Chippendale Way, Roseville, CA 95661			
CONFERENCE				
rieen, in, it, it, it ist	Fax to (916)780-5330 OR Email to <u>cka@ckanet.org</u>			
Fo	For assistance, call (916)780-5331 or e-mail 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 INFORMATIC Name of Company:		Signatu	ro'	
	Authorized Agent's Name: Signature: Phone #: Email Address:			
	Website Address:			
B. PROGRAM INFORMATION DESCRIBE IN 25 WORDS OR LESS materials you will feature at your booth:				
C. EXHIBIT SPACE INFORM Number of booths requester Number of tables per booth Name of person responsibl Name of others will who re	ed: n: (max. of 2) e for exhibit:	he exhibit:		
Please note table numbers	: (See floor plan.)			
1st choice 2	nd choice	3rd choice	4th choice	
 E. PAYMENT INFORMATIC Number of Tables Reserve 10' x 12' Inline Booth 10' x 15' Inline Booth 6' Information Only Table x Electrical Power \$25 = \$ 	d: x \$450 = \$ x \$475 = \$ x \$250 = \$		x \$475 = \$ \$500 = \$	
Total amount due: \$				
□ Check# enclose □ Charge my:				
Credit Card #		Expiration Date	Card Security Code	
Name of Card Holder		Signature		