

# Exhibitor/Booth Application

Application Deadline: October 4, 2024

**YOU MUST COMPLETE THE ENTIRE APPLICATION and email to lkennedy@LLKAssociates.com**

Are you a Conference Sponsor?    Yes    No    Are you an active Committee Member?    Yes    No

Organization Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Web Site of Organization or Business: \_\_\_\_\_

## Exhibit Category (check all that apply):

HEALTH    PRODUCTS FOR SALE    ECO GREEN ENVIRONMENT    MISC.    SERVICE

Will you be selling products or services?    Yes    No    Do you have a Pasadena sales tax #    Yes    No

Please describe product(s) or service(s):

Please contact Lena Kennedy for details – lkennedy@LLKAssociates.com

## PLEASE CHECK ONE:

Booth only = \$500

Booth + ½ page ad = \$1,075

Booth + full page ad = \$2,075

- Each Exhibitor booth must be staffed from 9:00 a.m. to 4 p.m. on December 6.

How many staff will be at your booth? \_\_\_\_.

NOTE: All booth exhibitors must set up the night before the event

- One six-foot table and two chairs will be provided. Please indicate if an electrical outlet is needed.

- Wi-Fi is available at a nominal cost.

- Is there any information regarding your exhibitor booth that we need to be informed about?    Yes    No

Please describe:

**Please make your check payable to: Community Women Vital Voices and mail to: CWVV, c/o Booth Committee P. O. Box 40371, Pasadena CA 91114** You can also pay online at [www.SoCalWomenConference.com](http://www.SoCalWomenConference.com)

*(If you are not accepted as an exhibitor, your check will be returned – if your application is accepted there are no booth fee refunds if you decide not to participate.)*

\_\_\_\_\_  
Authorized Signature of Organization

\_\_\_\_\_  
Date

By typing in your name, you agree to the Terms and Conditions of SCWC Exhibitor/Booth Application.

## FOR INTERNAL USE ONLY

Confirmed to participate    Yes    No    Booth number \_\_\_\_\_    Check Rec'd \_\_\_\_\_    Amt. \_\_\_\_\_

[www.SoCalWomenConference.com](http://www.SoCalWomenConference.com)

# Exhibitor Waiver Form

**Must be submitted with Exhibitor Application. Deadline: October 4, 2024**

In consideration of participating in this event, I take the following action for myself and my executors, administrators, heirs, next of kin, successors, or assigns: **I waive, release, and discharge** from any and all liability for my death, disability, illness, personal injury, property damage or loss, the SoCal Women's Conference, their members, directors, officers, employees, volunteers, representatives, and agents; in addition, **I will indemnify and hold harmless** the SoCal Women's Conference and persons from any and all liabilities and claims made as a result of my participation in this event.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*By typing in your name, you agree to the Terms and Conditions of SCWC Exhibitor Waiver Form.*

**Name:** \_\_\_\_\_  
**Please print**