



Monday, October 14, 2019

## **EXHIBITOR RESERVATION/SPONSORSHIP APPLICATION**

### **AVAILABILITY OF EXHIBITOR TABLE**

Exhibitor Table assignments are based upon the following criteria.

- Sponsorship Levels
- Date application is received

### **EXHIBITOR TABLE PAYMENT & REFUND POLICY:**

Return this application as soon as possible for best available exhibitor table assignment(s).

- Exhibitor table confirmation will be given in writing and or by telephone upon receipt of signed application and payment.
- Full refund for cancellation will be given if request has been given in writing by September 14, 2019.

### **EXHIBITOR SPONSOR COST AND DETAILS:**

- **KOA - \$750**  
--- one skirted table, two chairs, first choice for table location, largest sized print of sponsor name / logo on all signs and advertisement material, a complimentary continental breakfast and lunch for two people, no fee access to all conference classes
- **MILO - \$500**  
--- one skirted table, two chairs, second choice for table location, medium sized print of sponsor name / logo on all signs and advertisement material, a complimentary continental breakfast and lunch for two people, no fee access to all conference classes
- **OHIA - \$350**  
--- one skirted table, two chairs, third choice for table location, small sized print of sponsor name / logo on all signs and advertisement material, a complimentary continental breakfast and lunch for two people, no fee access to all conference classes

HAWAII CONVENTION CENTER, 1801 Kalakaua Avenue  
OCTOBER 14, 2019 | [WWW.HAWAIIISCAPE.COM/CONFERENCE](http://WWW.HAWAIIISCAPE.COM/CONFERENCE)



**2. SET UP AND BREAK DOWN**

- Setup – Monday, October 14, 2019 6 AM
- Break down – Monday, 5 PM (or after last speaker has finished their presentation)

**EXHIBITOR PAYMENT**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip \_\_\_\_\_

Sponsorship

KOA \$750 \$ \_\_\_\_\_

MILO \$500 \$ \_\_\_\_\_

OHIA \$350 \$ \_\_\_\_\_

TOTAL: \_\_\_\_\_

**PAYMENT OPTONS:** Check/money order payable to **LICH, PO Box 632, Kailua-Kona, HI 96745**  
Or provide Credit Card information below:

Card Type \_\_\_\_\_ Card No. \_\_\_\_\_ Security code \_\_\_\_\_

Exp. date \_\_\_\_\_ Name on card \_\_\_\_\_ Zip code \_\_\_\_\_