

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



## 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
Phone:			Email			
<u>Spons</u>	<u>orship</u>					
КОА	\$750	\$				
MILO	\$500	\$				
ОНІА	\$350	\$				
		-	TOTAL:			
PAYMENT OP	TONS:	Check/money orde Or provide Cı	• •	ICH, PO Box 632 rmation below:	, Kailua-Koi	na, HI 96745
Card Type		Card No			_Security co	de
Exp. date		Name on card			Zip code _	<u>.</u>