



## 2020 California Kindergarten Conference EXHIBITOR RESERVATION FORM

Please mail this form, along with the Rules & Regulations form 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. Your product or service should reflect developmentally appropriate practices.

### 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 (\$15.00).

### E. PAYMENT INFORMATION

Number of Tables Reserved:		<b>Early Bird</b>	<b>After 11/1</b>		
Corner (10'x10')	_____	X \$ 450	\$475	=	\$ _____
In Line (10'x10')	_____	X \$ 425	\$450	=	\$ _____
Electrical Power		X \$ 15		=	\$ _____

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

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

Charge my:

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

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