

# EXHIBITOR AGREEMENT – KANSAS SAFETY AND HEALTH CONFERENCE

K-ISH 303 (Rev. 2-17)

MAIL: Kansas Department of Labor  
Division of Industrial Safety and Health  
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## COMPANY INFORMATION:

Company name: \_\_\_\_\_

Represented by: (List names as they should appear on a name tag – limit of three name tags)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Booth ID sign should read: \_\_\_\_\_

## BOOTH INFORMATION:

Booth includes meal tickets for two booth workers each day, one 6' table and (2) chairs. See *Exhibitor Policy and Procedures* for more information. See *2017 Safety Conference Sponsorships* for explanation of benefits.

### Booth Space Choice:

(Use the attached map for booth numbers)

1st choice 2nd choice 3rd choice

## Sponsorship Opportunities and Booth Pricing:

Lunch Sponsor		@		
Gold Sponsor		@		
Drink Sponsor		@		
Break Sponsor		@		
Silver Sponsor		@		
Reception Sponsor		@		

Early Bird Booth (Before 6/1/17)		@		per booth	
Booth (After 6/1/17)		@		per booth	
Electrical outlets		@		each	
4' tables		@		each	
Additional 6' tables		@		each	
Additional sets of meal tickets*		@		each	
				<b>TOTAL AMOUNT</b>	

\*A set lunch on Tuesday and Wednesday

Special needs: \_\_\_\_\_

## PAYMENT OPTIONS – payable to the Kansas Safety and Health Conference: (check one)

Credit Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Security code (CVV): \_\_\_\_\_

Check/Money Order (KDOL FEIN is 48-6029925)

State of Kansas Interfund Voucher  
(KDOL agency number is 296-000000-00)

MM YYYY  
 VISA  MasterCard  American Express  DISCOVER

**CERTIFICATION:** We agree to the conditions set forth in the *Exhibitor Policy and Procedures* which forms part of this contract.

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit**