

EXHIBITOR AGREEMENT – KANSAS SAFETY AND HEALTH CONFERENCE

K-ISH 303 (Rev. 2-13)

MAIL: Kansas Department of Labor
Division of Industrial Safety and Health
ATTN: Dena Ackors
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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 six-foot table and two chairs. See *Exhibitor Policy and Procedures* for more information.

Preferred booth space:
(Designate preference by using the attached map for booth numbers)

1st choice 2nd choice 3rd choice

Prices include both days of exhibition:

10' x 10' booths **		@ \$450 per booth =	
Electrical outlets		@ \$20 each =	
4' tables		@ \$20 each =	
Additional 6' tables		@ \$20 each =	
Additional sets of meal tickets*		@ \$50 each =	
<small>* A set is lunch on Tuesday and Wednesday</small>			
TOTAL AMOUNT			

Special needs: _____

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

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

Credit card number:

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

Expiration date:
MM YYYY

VISA

MasterCard

Security code (CVV):

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 BY EMAIL