

CCAO/CEAO ANNUAL WINTER CONFERENCE
Trade Show Registration Form
December 9-11, 2018 | Trade Show December 9-10, 2018

ORGANIZATION _____

ADDRESS _____

CONTACT PERSON _____ TITLE _____

PHONE _____ EMAIL _____

REPRESENTATIVES ATTENDING TRADE SHOW ARE:

Name _____

☐ PE ☐ PS Title _____

Email _____

Name _____

☐ PE ☐ PS Title _____

Email _____

PLEASE LIST/DESCRIBE THE SERVICE(S)/PRODUCTS(S) & SPECIALIZATION PROVIDED BY YOUR ORGANIZATION. LIST COMPANIES THAT YOU PREFER NOT TO BE LOCATED NEAR.

PREFERRED LOCATION (SEE ATTACHED CHART): 1st choice _____ 2nd choice _____ 3rd choice _____

Cost: ☐ \$750/Booth before 11/5 ☐ \$850/Booth after 11/5 **# of Booths:** _____ **Total: \$** _____

Exhibitor Representatives: Two (2) representatives are included in your booth registration. Additional booth representatives may register for \$125 per person by completing the attached form. This includes Sunday evening reception/entertainment, Monday breakfast, Monday lunch, and Monday ice cream social break.

Insurance Coverage: Vendor agrees that they are solely responsible for any and all liability caused in whole or in part by their employees, agents, guests and anyone participating in this event through them. Vendor further agrees to indemnify and hold harmless CCAO/CEAO, its employees, board members and affiliates from any and all liability which may result from the vendor's participation in this event. Vendor agrees to comply with all applicable laws, ordinances and regulations and is solely responsible for said compliance by vendor, their employees, agents, guests and anyone participating in this event through them. Vendor agrees to carry commercial general liability insurance with limits not less than \$1,000,000 per claim which will cover all aspects of Vendor's participation in this event, and will name CCAO/CEAO as an additional insured. **A copy of the insurance certificate is required with your trade show application and payment.**

Cancellation Policy: Refund will be issued less a \$75.00 administrative fee if cancelled before November 5, 2018; no refunds after that date. All cancellations must be made in writing. No shows will be billed.

****All exhibitors are subject to approval by CCAO/CEAO. You will receive a confirmation email of your approval.**

Authorizing Signature _____ Date _____

Please submit this application and payment before November 26th (subject to availability) to:

The Conference Account c/o CEO
6500 Busch Boulevard, Suite 100
Columbus, OH 43229

Questions?

Contact Jennifer Shuey, CEO Director of Operations and Education at: jshuey@ceao.org or 614-221-0707.

CCAO/CEAO ANNUAL WINTER CONFERENCE
Additional Representatives Registration Form
December 10-12, 2018 | Trade Show December 10-11, 2018

Exhibitor Representatives: Two (2) representatives are included in your booth registration. Additional booth representatives may register for \$125 per person by completing the form below. This includes Sunday evening reception/entertainment, Monday breakfast, Monday lunch, and Monday ice cream social break.

ORGANIZATION _____

ADDRESS _____

City _____ State _____ ZIP _____

CONTACT PERSON _____ TITLE _____

PHONE _____ EMAIL _____

ADDITIONAL REPRESENTATIVES ATTENDING TRADE SHOW ARE:

Name _____

☐ PE ☐ PS Title _____

Email _____

Name _____

☐ PE ☐ PS Title _____

Email _____

Name _____

☐ PE ☐ PS Title _____

Email _____

Name _____

☐ PE ☐ PS Title _____

Email _____

Number of additional exhibitor representatives: _____ x \$125 = \$ _____

Authorizing Signature _____ Date _____

**Please submit this application and payment
before November 26th (subject to availability) to:**

The Conference Account c/o CCAO
6500 Busch Boulevard, Suite 100
Columbus, OH 43229

Questions?

Contact Jennifer Shuey, CEO Director of
Operations and Education at:
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