

**Exhibitor Additional information and payment form**

**10% discount if payment is received before December 31st, 2017**

**The deadline for the receipt of an exhibitor’s application and payment shall be on or before February 15, 2018.**

**Please type information below**

**Contact Information**

**Company Name**

**Contact Name**

**Address**

**Telephone**

**Fax**

**E-Mail**

**On-Site Representative’s Name**

**1.)**

**2.)**

**3.)**

**Describe what is to be on display or for sale:**

**Are there particular companies/organizations you prefer NOT to be near?**

**Are there particular companies/organizations you prefer to be near?**

**Do you need an electrical outlet: \_\_ YES \_\_ NO**

**Do you need a wireless internet connection: \_\_ YES \_\_ NO**

**Corporate Exhibitor Fees**

**Table Rental Fees**

**Exhibitor Table Only $ 195.00 $\_\_\_\_\_**

**Exhibitor Table**

**& One Page Ad $ 345.00 $\_\_\_\_\_**

**Extra Table(s) $ 40.00/EACH $\_\_\_\_\_**

**Additional Chairs(s) < 2 $ 10.00/EACH $\_\_\_\_\_**

**Sub-Total $\_\_\_\_\_**

**10% discount if paid by 12/31/2017 $\_\_\_\_\_**

**Total less discount (total cost) $\_\_\_\_\_**

**Nonprofit Exhibitor Fees**

**Table Rental Fees**

**Exhibitor Table Only $ 120.00 $\_\_\_\_\_**

**Exhibitor Table**

**& One Page Ad $ 250.00 $\_\_\_\_\_**

**Extra Table(s) $ 40.00/EACH $\_\_\_\_\_**

**Additional Chairs(s) < 2 $ 10.00/EACH $\_\_\_\_\_**

**Sub-Total $\_\_\_\_\_**

**10% discount if paid by 12/31/2017 $\_\_\_\_\_**

**Total less discount (total cost) $\_\_\_\_\_**

**CCB Chapter/Affiliate Exhibitor Fees**

**Table Rental Fees**

**Exhibitor Table Only $ 40.00 $\_\_\_\_\_**

**Exhibitor Table**

**& One Page Ad $ 180.00 $\_\_\_\_\_**

**Extra Table(s) $ 40.00/EACH $\_\_\_\_\_**

**Additional Chairs(s) < 2 $ 10.00/EACH $\_\_\_\_\_**

**Sub-Total $\_\_\_\_\_**

**10% discount if paid by 12/31/2017 $\_\_\_\_\_**

**Total less discount (total cost) $\_\_\_\_\_**

**Payment Information**

**Please check one, and provide information applicable to your form of payment.**

**Check made payable to CCB Check #\_\_\_\_\_\_**

**Please Mail Check to:**

**California Council of the Blind**

**2143 Hurley Way, Suite 250**

**Sacramento, CA 95825**

**VISA/MasterCard/AMEX/Discover (Underline card selection)**

**Account #**

**Expiration Date: \_\_ \_\_ - \_\_ \_\_**

**Billing Zip Code:**

**Cardholder’s Name (as it appears on card):**

**Billing Address:**

**Disclaimer:**

**An exhibiting organization cannot also purchase a table(s) for another organization on the same exhibitor registration form. A separate registration form and fee must be paid for each separate organization exhibiting.**

**The number of tables, which an exhibitor may obtain, shall be limited to three.**