



# Exhibitor Reservation Form

## San Diego Sheraton Hotel & Marina

1590 Harbor Island Dr  
San Diego, CA 92101

### March 2 - 4 , 2018

Name of Company/Group: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone - Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Names of all persons staffing your booth: \_\_\_\_\_

After studying the enclosed exhibit hall diagram, please indicate your first four choices of booth numbers.

First choice: \_\_\_\_\_ Second choice: \_\_\_\_\_ Third choice: \_\_\_\_\_ Fourth Choice: \_\_\_\_\_

\_\_\_\_\_ Yes, I would like to be an exhibitor at the 2018 CAG Conference

My check in the amount of \$ \_\_\_\_\_ for \_\_\_\_\_ booth(s) is enclosed.

50% Deposit or Full Payment

\_\_\_\_\_ Yes, I would like a premium location if one is available.

\_\_\_\_\_ Yes, I would like to be considered for a showcase presentation.

Presentation window/applications are posted on the website.

I understand that acceptance of this application is based upon the terms and conditions put forth in the Exhibit Booth Information Sheet which I have read thoroughly. I further accept that this application, upon acceptance by CAG, becomes a contract. I understand that there are no cancellations after December 1, 2017.

Make checks payable to: California Association for the Gifted

Mail to: CAG Exhibits • PO Box 696 Yucaipa, CA 92399

Deadline: Please return ENTIRE form with 50% deposit as soon as possible

Late registrations received after January, 2018 will be accepted only if space is available.

Please complete:

Name of company or group: \_\_\_\_\_

Contact person: \_\_\_\_\_

Circle number of booths you wish to reserve (premium booths are the shaded ones):

1 premium booth at \$400     2 premium booths at \$700

1 standard booth at \$300     2 standard booths at \$500

(Booth payment does not include conference registration)

Check # \_\_\_\_\_ Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_

Questions? Call CAG Office at (909)522-7274 or FAX: (916) 988-5999