2018 BOOK ROOM VENDOR FORM

Vendor Set-up will be Thursonoon, Sunday, March 11th.	lay March 8, 12:00 noon t	to 5:00 pm. Breakdown m	ust be completed by 12:00
First Name		Last Name	
Company/Organization			
Address1:			
Address2:			
City:	State:	Zip Code:	Country
Phone:	Email:		
Rates are per six-foot table (i 1-2 tables: \$100 per table 3 or more tables: \$90 per Non-Profit: \$60 per table	e table	hairs) for the three days	-
Number of Tables	Rate	Electricity Required	d? Total
At-meeting Contact Person 1	Title		
At-meeting Contact Person 2TitleTotal			
members, and the Crowne Pl	aza Hotel, from any and a claims against all parties l emselves or employees wh	ll liability that might ensulisted above for any loss, hile in the exhibit area.	ology, its officers, employees and ue from any cause whatsoever. theft, damage, or destruction of
Table reservations are due by Cancellations must be made it Please Note: We are required for all vendors EVEN IF YOU http://www.boe.ca.gov/pdf/	in writing before Wednes I to have the California Bo SELL NOTHING. Please co	pard of Equalization form omplete and return the Se	BOE-410-D REV. 6 (5-12) on file
Authorized by:	Date		
	home.org/sca-annual-me	eting/2018-annual-meet	ing/vendor-room-registration/, o

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