

Exhibit/Sponsor Application CWLA 2014 National Kinship Care Conference



Conference Exhibit Dates: September 17-19 • Royal Sonesta, New Orleans

Contact Information

Company Name (for signage) _____
Contact Person _____ Title _____
Mailing Address _____
City _____ State _____ Zip Code _____
E-mail _____ Phone _____
Website _____

List name(s) and title(s) of on-site representatives _____
(one representative per exhibit space purchased)

___ I have read the General Terms and Exhibitor Guidelines at www.cwla.org

Exhibit/Sponsor Opportunities

1. Exhibit

Number of Booths ___

(Circle One)	Rate
Non-Member/Nonprofit	\$700
CWLA Member	\$600

Do not assign near: _____

Please assign near: _____

2. Sponsor/Advertiser

Please contact Karen Dunn at 202-688-4157 or
kdunn@cwla.org for a contract.

3. ___ Tote Bag Insert

\$125 per set of items (a vendor exclusive)

4. ___ Contribute \$25 toward the purchase of AMEX gift
cards for grand prize drawings in the Exhibit Area.

Payment Information

Federal ID #13-1641066

- A 50% deposit is due with the Space Application & Contract. The balance is due by the conference start date of September 17, 2014. Space will be assigned on a first-come first-served basis beginning January 10, 2014.
- CWLA reserves the right to reject at any time a request to participate in the exhibits.
- Advertisers and/or agencies jointly and severally agree to indemnify and hold CWLA harmless from and against any loss, liability or expense arising out of their participation to exhibit.

Authorized Payment Amount (Check One)

Total: \$ _____

___ Pay total amount due.

___ Pay 50% deposit now and the balance the week of
September 15.

Payment method: ___ Check* ___ Visa
___ MasterCard ___ AMEX

Account # _____

Expiration Date _____

Security Code _____

Name on Card _____

Signature _____

* Please make checks payable to CWLA

Please e-mail this form to Karen Dunn at kdunn@cwla.org or mail to:

CWLA, ATTN Karen Dunn
1726 M Street NW, Suite 500, Washington, DC 20036
202-688-4157