

51st Annual AKSNA Conference Vendor Application

Thursday January 31, 2019 11:00 AM – 2:00 PM

Setup Wednesday January 30, Noon – 5:00 PM

Egan Center, 555 W 5th Ave., Anchorage, Alaska

Company Name: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ Email: _____
Product name and description: _____

Broker (if applicable): _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ email: _____

Exhibitor Contact (if different than above): _____
Cell Phone #: _____ email: _____

Exhibitor Names (those in the booth on show day)

Booth Space

Exhibit booths include: a table that is approximately 10” deep, garbage can and one 500-watt receptacle.

**If you have additional electrical needs they need to be coordinated with and paid directly to: Rowan Pacific Rim Decorators (907) 276-1818.*

Pipe and drape is not planned for this event.

***After 12/28/18 booth price is \$825.00/\$600.00 and advertisements are not guaranteed to be included in the program**

Full Booth..... \$750.00 _____

Shared Booth..... \$525.00 _____

Additional name badges @\$15.00 ea. (4 inc. per booth). \$15.00 _____

Names: _____

Booth Space Total \$ _____

Sponsorships

We are very grateful for the generous donations of our industry friends. If you are interested in helping in this way, please place a ✓ following the category for which you would like to make a donation. All sponsors will be specially recognized in the program and with signage on your exhibition table.

	Gold \$3,000	Jade \$2,000	Amethyst \$1,000	Garnet \$500
Funds will be used for	Keynote speaker or other session speakers	Conference meals and travel scholarships	Conference attendee gifts e.g. totes, folders, pens	Scholarship Fund
Advertisement	Full page	Full Page	Half page	Half page

	Keynote Speaker	Awards Banquet	Member Luncheon Tuesday	Member Luncheon Wednesday	Transportation to vendor show
Amount	\$ 2,500	\$750	\$500	\$500	\$300
Number Available	2	3	4	4	1
Advertisement	Full page in program	Half page in program	Half page in program	Half page in program	¼ page in program

Gold.....	\$3,000.00	_____
Jade.....	\$2,000.00	_____
Amethyst.....	\$1,000.00	_____
Garnet.....	\$500.00	_____
Banquet/Luncheon.....	\$500.00	_____
Keynote Speaker	\$2,500.00	_____
Other Amount.....	\$_____	_____

Sponsorship Total \$ _____

Other Donations

If you wish to donate food or beverage items for goodie bags, snack breaks, or have items for door prizes please indicate here. (Popular door prize items are gift cards to local businesses, product gift baskets, and promotional items.)

Advertising

Ads must be submitted as a high-resolution, print-ready PDF or a high-resolution TIFF ***NO LATER than 12/28/18***

Full page	\$100.00	_____
Half page	\$75.00	_____
Quarter page	\$50.00	_____

Advertising Total \$ _____

Banquet

You are invited to join us for our Awards Banquet and silent auction (time and location unknown at this time).

Tickets are \$50.00 per person

Do you plan on attending? Yes No

If yes, how many tickets? _____

During the dinner there will be a silent auction and a live apron auction, donations are appreciated. Contact Adrienne Schwartz w/donations:

adrienne.schwartz@juneauschools.org

Banquet Amount Due: _____

Completed registration form, proof of insurance, and full payment is due **PRIOR** to the exhibition.

Total Amount Due: _____

A requirement to participate in the AKSNA vendor show is that the exhibiting company must provide a certificate of insurance in the amount of \$1,000,000 per occurrence/\$2,000,000 aggregate that names AKSNA as an additional insured on the policy.

Please return that proof with your completed application.

An authorized signature is required indicating acceptance of and agreement to abide by the terms and conditions of the “AKSNA Conference Exhibit Booth Contract”

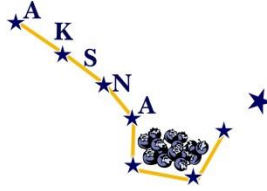
Signature of responsible party:

Please email or fax your application with appropriate payment to:

Theresa Wilson, AKSNA Treasurer
twilson@lpsd.com
Phone: (907) 246-4280 press 6 x313
Fax: (907) 246-4473

Questions?

Please contact:
Tanya Dube, AKSNA President
aksnapresident@gmail.com
cell: (907) 469-1123



Alaska School Nutrition Association
Credit Card Authorization Form
ALL INFORMATION WILL REMAIN CONFIDENTIAL

Cardholder Name: _____
Company Name: _____
Billing Address: _____
Credit Card Type: ___ Visa ___ MasterCard ___ Discover ___ AmEx
Credit Card Number: _____
Three digit code: _____ Expiration Date: _____
Total amount authorized: \$_____ (USD)

*I authorize **AKSNA** to charge the amount listed above for registration and fees for the Annual Conference to my credit card provided herein.*

Name: _____
Signature: _____
Date: _____

Please email or fax to:
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twilson@lpsd.com
Phone: (907) 246-4280 press 6 x313
Fax: (907) 246-4473