11TH ANNUAL CALIFORNIA CHARTER SCHOOLS CONFERENCE

Sacramento Convention Center - March 29 - 31, 2004

EXHIBITOR APPLICATION FORM

Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Key Contact Name: _____

Key Contact Title: _____

Phone: _____ Fax: _____ E-mail: _____

Booth Attendees Names: _____ _____

Organization Web Address: _____

Do you need an electric outlet? Yes No

By: (please sign) _____ Date: _____

Send a 100 word description of your exhibit, as it will appear in the event program and on the event Web site. E-mail or fax it to Bretta Beveridge.
E-mail: bretta@bev-com.com Fax: 206-463-1450

BOOTH SPACE SELECTION Booth fees - Each 8 x 10 booth space includes:

Please check the appropriate box below

* One table and 2 chairs
* Electrical outlet (optional)
* Box Lunch for 2 people on all 3 days of the conference

	If Payment Received Before February 1, 2004	**If Payment Received Between February 1 and February 29**	**If Payment Received After February 29**
For-Profit	**$ 1,650 per booth**	**$1,800 per booth**	**$1,950 per booth**
Non-Profit (Space available limited)	**$ 750 per booth**	**$1,000 per booth**	**$1,150 per booth**

How many booth spaces would you like? _____ X Fee Amount $_____

= Booth Space Amount $_____

I would like to Reserve a Vendor Meeting/Presentation Space

$250 per 90 minute timeslot = Amount $ _____

TOTAL AMOUNT: $_____

CANCELLATION POLICY

Cancellation requests must be in writing to:

California Charter Schools Association
Bretta Beveridge
Exhibits Management
9318 S.W. 275th Street
Vashon, WA 98070

Cancellation requests must be received before the following cancellation deadlines:

- On or before February 1, 2004 - 80% refund
- After February 1 but before March 10 - 20% refund

After March 10 - No refund

QUESTIONS? Please contact Bretta Beveridge at 1-206-463-3344 or bretta@bev-com.com.

For more information on the conference go to: http://www.charterconference.org

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METHOD OF PAYMENT - SELECT ONE

By Check (Mail Application)

Complete and sign the Application Form and mail with check payable to:

California Charter Schools Association
Bretta Beveridge
Exhibits Management
9318 S.W. 275th Street
Vashon, WA 98070

By Credit Card (Fax Application)

Visa **MasterCard**

_____
Credit Card Number on above line

Expiration Date: ____ / ____

3-digit security code: _____

_____
Authorized signature on above line

Complete and sign the Application Form and fax with credit card information to: 206-463-1450