

# EXHIBITOR AGREEMENT – KANSAS SAFETY AND HEALTH CONFERENCE

K-ISH 303 (Rev. 2-20)

MAIL: Kansas Department of Labor  
Division of Industrial Safety and Health  
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## COMPANY INFORMATION:

Company name: \_\_\_\_\_

Represented by: (List names as they should appear on a name tag – limit of three name tags)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Booth ID sign should read: \_\_\_\_\_

## BOOTH INFORMATION:

Booth includes meal tickets for two booth workers each day, one 6' table and (2) chairs. See *Exhibitor Policy and Procedures* for more information. See *Safety Conference Sponsorships* for explanation of benefits.

### Booth Space Choice:

(Use the attached map for booth numbers)

1st choice 2nd choice 3rd choice

## SPONSORSHIP OPPORTUNITIES:

Contact Tami Hadley (iSi Environmental)  
theadley@isienvironmental.com or (316) 264-7050

## SELLING OF PRODUCTS/SERVICES AT CONFERENCE:

Direct cash/credit card sales at your booth are allowed. Will you be making direct sales (collecting payments)?  
(Please submit your **W-9** and **Certificate of Tax Clearance** 60 to 90 days prior to conference <https://www.ksrevenue.org/TAXCLEARANCE.HTML>)

YES NO

Early Bird Booth(Before June 1)		@		per booth	
Booth (After June 1)		@		per booth	
Electrical outlets		@		each	
4' tables		@		each	
Additional 6' tables		@		each	
Additional sets of meal tickets*		@		each	
<b>TOTAL AMOUNT</b>					

\*A set lunch on Tuesday and Wednesday

Special needs: \_\_\_\_\_

## PAYMENT OPTIONS – payable to the Kansas Safety and Health Conference: (check one)

Credit Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security code (CVV): \_\_\_\_\_

VISA  MasterCard  American Express  DISCOVER

Check/Money Order (KDOL FEIN is 48-6029925)  
 State of Kansas Interfund Voucher  
(KDOL agency number is 296-000000-00)

**\*\*NOTE: KDOL uses KanPay to process credit card payments for security purposes. A 2.5% service charge is added to the total amount of purchase made by credit card. You will receive a KanPay receipt of payment.**

**CERTIFICATION:** We agree to the conditions set forth in the *Exhibitor Policy and Procedures* which forms part of this contract.

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit**