

EXHIBITOR AGREEMENT – KANSAS SAFETY AND HEALTH CONFERENCE

K-ISH 303 (Rev. 11-22)

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: _____ How many years has your company attended? _____

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)
thadley@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 <http://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	
					TOTAL AMOUNT

*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):
MM YYYY

Check/Money Order (KDOL FEIN is 48-6029925)

State of Kansas Interfund Voucher
(KDOL agency number is 296-000000-00)

VISA MasterCard American Express DISCOVER

****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