KANSAS DEPARTMENT OF LABOR www.dol.ks.gov

## EXHIBITOR AGREEMENT – KANSAS SAFETY AND HEALTH CONFERENCE

K-ISH 303 (Rev. 10-24)

MAIL: Kansas Department of Labor

Division of Industrial Safety and Health

ATTN: Dena Ackors 401 SW Topeka Blvd. Topeka, KS 66603-3182

PHONE: (785) 291-6029 FAX: (785) 296-1775

EMAIL: Dena.Ackors@ks.gov

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	y years h	as your	company at	tended?
BOOTH INFORMATION:		1st choi	ce 2	nd choice	3rd choice
Booth includes meal tickets for two booth workers each day, one 6' table and (2) chairs. See <i>Exhibitor Policy and Procedures</i> for more information. See <i>Safety Conference Sponsorships</i> for explanation of benefits.	Booth Space Choice: (Use the attached map for booth numbers)				
SPONSORSHIP OPPORTUNITIES: Contact Tami Hadley (iSi Environmental) thadley@isienvironmental.com or (316) 264-7050	Early Bird Booth (Before June 1)	@	\$	per booth	
	Booth (After June 1)	@	\$	per booth	
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 <a href="https://www.ksrevenue.org/TAXCLEARANCE.HTML">https://www.ksrevenue.org/TAXCLEARANCE.HTML</a> )  YES  NO	Electrical outlets	@	\$	each	
	4' tables	@	\$	each	
	Additional 6' tables	@	\$	each	
	Additional sets of meal tickets*	@	\$	each	
	*A set lunch on Tuesday and Wednesday	тоти	TOTAL AMOUNT		
Special needs:  PAYMENT OPTIONS – payable to the Kansas Sa  Credit Card Number:  Expiration date:  MM  YYYY  VISA  MasterCard  American Express	fety and Health Conference: (check	/Money O of Kansas agency r	Interfu	nd Voucher is 296-0000	curity purposes.
CERTIFICATION: We agree to the conditions set fort	card. You will receive a Ka	nPay receipt	of payme	nt.	•
Printed name:	Title:				
Signature:	Date:				

Submit via Fax or E-mail