



**Application for Exhibit Space**  
**58th Annual Conference & Exposition • May 20-22, 2019 • Monterey, CA**  
 [ALL SECTIONS MUST BE COMPLETED FOR LAC ACCEPTANCE]

**SECTION 1: Mailing Information**

Exhibiting Company \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Company Phone \_\_\_\_\_ Website \_\_\_\_\_

**Show Coordinator (Provided to GES)**

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_

**Additional Contact**

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_

Please choose ONE category listing which best describes your business:  
**Use the categories from the membership application**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accounting                           | <input type="checkbox"/> Finance                   | <input type="checkbox"/> Medical/Pharmaceutical          |
| <input type="checkbox"/> Architecture/Interior Design         | <input type="checkbox"/> Flooring                  | <input type="checkbox"/> Personal Care Products          |
| <input type="checkbox"/> Building Maintenance                 | <input type="checkbox"/> Food Service/Management   | <input type="checkbox"/> Property Management/Real Estate |
| <input type="checkbox"/> Computer Software                    | <input type="checkbox"/> Fundraising               | <input type="checkbox"/> Public Relations                |
| <input type="checkbox"/> Construction                         | <input type="checkbox"/> Furniture/Furnishings     | <input type="checkbox"/> Publications                    |
| <input type="checkbox"/> Consulting                           | <input type="checkbox"/> Group Purchasing          | <input type="checkbox"/> Rehabilitation Services         |
| <input type="checkbox"/> Education/Training                   | <input type="checkbox"/> Health/Wellness           | <input type="checkbox"/> Security/Crime Prevention       |
| <input type="checkbox"/> Emergency/Disaster Management        | <input type="checkbox"/> Housekeeping              | <input type="checkbox"/> Staffing                        |
| <input type="checkbox"/> Emergency Call / Resident Monitoring | <input type="checkbox"/> Insurance                 | <input type="checkbox"/> Technology                      |
| <input type="checkbox"/> Employee Benefits                    | <input type="checkbox"/> Labor Relations/Personnel | <input type="checkbox"/> Telephone / Internet Services   |
| <input type="checkbox"/> Facility Development/Marketing       | <input type="checkbox"/> Legal                     | <input type="checkbox"/> Transportation                  |
|   | <input type="checkbox"/> Marketing                 |  |
|   | <input type="checkbox"/> Medical Equipment         |  |



**SECTION 2: Booth Location**

Preferred Booth Location in order of preference: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

Competitors we DO NOT wish to be near: \_\_\_\_\_

Description of Product to Be Exhibited (required): \_\_\_\_\_

**SECTION 3: Exhibit Rates**

Member Type	BY DEC 31		AFTER DEC 31	
	Standard	Premium	Standard	Premium
Premier Partner	\$1425	\$1575	\$1650	\$1800
Enhanced Member	\$1615	\$1785	\$1870	\$2040
Associate Member	\$1900	\$2100	\$2200	\$2400
Non-Member	\$2500	\$2700	\$2700	\$2900

**Additional Booth Discount: \$250 per additional booth.**  
**First-Time Exhibitor Discount: \$300**

**Total number of booths requested** \_\_\_\_\_  
**\$500 non-refundable deposit per booth is required to reserve your space: \$** \_\_\_\_\_  
**Booth Reservations will not be confirmed without deposit. Full payment is due by December 31, 2018.**

**Payment Method:**

Check (payable to LeadingAge California Foundation)       Visa       Mastercard       American Express

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on card \_\_\_\_\_

**SECTION 4: Signature**

*All applications require a signature in order to confirm booth reservations. I understand, and agree to abide by the official regulations on the reserves side of the contract. I authorize LeadingAge California to use the above credit card to charge applicable exhibit fees.*

Authorized Signature \_\_\_\_\_

**Return completed form and payment to:** LeadingAge California Foundation  
 1315 I Street, Suite 100 • Sacramento, CA 95814 • FAX 916-254-5739

**LAC Use Only:**

Booth Number \_\_\_\_\_

Deposit \_\_\_\_\_ Received \_\_\_\_\_ Balance \_\_\_\_\_

Payment \_\_\_\_\_ Received \_\_\_\_\_