

STOCKTON WOMEN'S NETWORK  
**Luncheon Expo Application**



**Wednesday, June 10, 2009**

**11:30 a.m. to 1:30 p.m.**

**Exhibitor Set-Up: 9:30 a.m. to 11 a.m.**

**EXHIBITOR CONTRACT**

*Please print.*

Name: \_\_\_\_\_

Exhibitor Business: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax : \_\_\_\_\_

Email: \_\_\_\_\_

Resale # \_\_\_\_\_

*(Required by State Board of Equalization for selling on premises.  
Exhibitors are responsible for their own sales tax.)*

Booth Name \_\_\_\_\_

Electricity needed for booth? Yes \_\_\_ No \_\_\_

Wall needed for booth? Yes \_\_\_ No \_\_\_

**Name for Badge**

1. \_\_\_\_\_

**CONTRACT AND PAYMENT MUST BE RECEIVED  
PRIOR TO FINALIZING SPACE ASSIGNMENT**

No. of Spaces \_\_\_ X \$65.00 (or \$75.00) = \$ \_\_\_\_\_

**Total Amount Enclosed** \$ \_\_\_\_\_ Check #: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Circle: Visa • Mastercard • American Express • Discover

Expiration date: \_\_\_\_\_ 3-digit code: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Name as it appears on card: \_\_\_\_\_

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

**OFFICE USE:** Check No. \_\_\_\_\_ Check Date \_\_\_\_\_

**EXHIBITOR PACKAGE**

*– All Payments Non-Refundable –*

**COST:** \$65.00 per Exhibitor (member rate)  
\$75.00 per Exhibitor (non-member rate)

*Plus 10 names & addresses for publicity*

**Includes:** One exhibit space, one table, name badge,  
hors d'oeuvres

**Exhibitor Application Deadline: Friday, 5/29/09**

**\$100 SPONSOR PACKAGE**

**Sponsor Space/Advertising - One business per package**

**Includes:** One exhibit space, one table, name badge,  
Hors d'oeuvres, plus advertising on all print media

**Please make payments payable & return to:**

Stockton Women's Network

PO Box 690202, Stockton, CA. 95269-0202

**Drop Box Only: 4529 Quail Lakes Dr. #C**

(Kalfsbeek & Company Accountancy Corp.)

**SWN Exhibit Space Policy:**

1. Exhibit tables are not limited to SWN Members.
2. Exhibit table reservations are non-refundable but are transferable to another member.
3. Exhibit area is limited to the table space provided. Members who use racks or other display devices which are not set up on the display table should request "space only" or rent an additional space adjacent to an exhibit table
4. All Exhibits shall be set up no later than 11:00 a.m., and shall remain set-up until 1:30 p.m.
5. Access to power is limited to wall exhibitors only.
6. Maximum of two (2) exhibit spaces per exhibitor.
7. SWN reserves the right to prohibit the exhibit of items that are not appropriate and/or conflict with the organization and event purpose.

**Hold Harmless Agreement:**

Please reserve space in the Stockton Women's Network Business Expo, Wednesday, June 10, 2009 at the Elkhorn Country Club, 1050 Elkhorn Dr., Stockton, CA 95209. I understand that space reservations are made on a first-come, first-served basis and that only reservations with a non-refundable full payment will be assured a confirmed reservation.

Exhibitors shall indemnify, defend and hold harmless SWN and the Elkhorn Country Club, its members, agents and employees from and against any and all claims, damages or liabilities arising as a result of the actions, failure to act, or negligence of exhibitor, agents or employees, or persons performing services for exhibitor, resulting from any equipment, machinery, or items displayed by exhibitor. Exhibitor shall also indemnify, defend and hold harmless SWN and the Elkhorn Country Club from and against any claims or liabilities imposed by law on account of property damage or bodily injuries, including death, sustained or alleged to be sustained by any person or persons, whether they be members of the public visiting the show, or employees or agents or members of SWN or the Elkhorn Country Club or other exhibitors, occurring at or connected with the preparation, or presentation of exhibitor's exhibit, or resulting from any equipment, machinery or items displayed by exhibitor at the show.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For Additional Information: Business Office (209) 472-0359 • FAX (209) 941-2698

Email: [swnmichelle@comcast.net](mailto:swnmichelle@comcast.net) • Website: [stocktonwomensnetwork.org](http://stocktonwomensnetwork.org)

Nikki Beasley, Event Chair: 209-747-3727

Revised: 05/26/09

# STOCKTON WOMEN'S NETWORK LUNCHEON EXPO

## EXHIBITORS MAILING NAMES (REQUIRED FOR SPACE)

*Please list names that SWN can add to our mailing list to publicize the event*

Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ State/ Zip \_\_\_\_\_  
( Telephone \_\_\_\_\_ )  
\_\_\_\_\_ ( Fax \_\_\_\_\_ )  
Email Address \_\_\_\_\_

Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ State/ Zip \_\_\_\_\_  
( Telephone \_\_\_\_\_ )  
\_\_\_\_\_ ( Fax \_\_\_\_\_ )  
Email Address \_\_\_\_\_

Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ State/ Zip \_\_\_\_\_  
( Telephone \_\_\_\_\_ )  
\_\_\_\_\_ ( Fax \_\_\_\_\_ )  
Email Address \_\_\_\_\_

Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ State/ Zip \_\_\_\_\_  
( Telephone \_\_\_\_\_ )  
\_\_\_\_\_ ( Fax \_\_\_\_\_ )  
Email Address \_\_\_\_\_

Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ State/ Zip \_\_\_\_\_  
( Telephone \_\_\_\_\_ )  
\_\_\_\_\_ ( Fax \_\_\_\_\_ )  
Email Address \_\_\_\_\_

Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ State/ Zip \_\_\_\_\_  
( Telephone \_\_\_\_\_ )  
\_\_\_\_\_ ( Fax \_\_\_\_\_ )  
Email Address \_\_\_\_\_

Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ State/ Zip \_\_\_\_\_  
( Telephone \_\_\_\_\_ )  
\_\_\_\_\_ ( Fax \_\_\_\_\_ )  
Email Address \_\_\_\_\_

Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ State/ Zip \_\_\_\_\_  
( Telephone \_\_\_\_\_ )  
\_\_\_\_\_ ( Fax \_\_\_\_\_ )  
Email Address \_\_\_\_\_

Name \_\_\_\_\_  
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City/ State/ Zip \_\_\_\_\_  
( Telephone \_\_\_\_\_ )  
\_\_\_\_\_ ( Fax \_\_\_\_\_ )  
Email Address \_\_\_\_\_

Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ State/ Zip \_\_\_\_\_  
( Telephone \_\_\_\_\_ )  
\_\_\_\_\_ ( Fax \_\_\_\_\_ )  
Email Address \_\_\_\_\_

Exhibitor Name: \_\_\_\_\_