

**KANSAS ASSOCIATION FOR COURT MANAGEMENT**

Exhibit Space Application  
KACM Conference, September 26-27, 2019  
Hilton Garden Inn, Salina

Contact Person: \_\_\_\_\_

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

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

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

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Names of persons who will work booth: \_\_\_\_\_

Exhibit Booth Space:  We will exhibit - \$225.00 (non-refundable)  We will provide door prize  
 We will sponsor a break \_\_\_\_\_

Other Requirements: \_\_\_\_\_

Exhibit Space setup times: Sept 25<sup>th</sup> (Wednesday) 2:00 – 5:00 p.m.  
Sept 26<sup>th</sup> (Thursday) 6:30 a.m.  
Exhibit space breakdown: Sept 27<sup>th</sup> (Friday) by 12:00 p.m.

This application for exhibit space indicates Applicant’s willingness to abide by all accompanying terms, conditions, guidelines, as well as any additional rules or regulations the management deems necessary for the success of the exhibitions. Payment in full for exhibition space must accompany this application. Any additional costs are to be paid through arrangements with the Hilton Garden Inn, Salina. In the event that space limits the number of exhibitors, registration and accompanying fees will be received and honored on a “first come, first serve” basis.

The contract price of \$225.00 includes booth space, one six-foot table with table covering, a chair (extra chairs available upon request); breakfast, lunch, and dinner on Thursday, and breakfast on Friday for one person. Exhibitor agrees to make advance arrangements with the Hilton Garden Inn, Salina for requirements other than noted above.

Exhibitor agrees to accept all liability and responsibility for any damage to the facility by the exhibitor or the exhibit. Exhibitor further agrees to make no goods, for any injury to the exhibitor or their employees while exhibiting at this conference.

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

**PLEASE CHECK WHICH ACTIVITIES YOU PLAN TO PARTICIPATE IN:**

- Thursday Breakfast \_\_\_\_\_ Additional guest(s) @ \$25.00 = \$ \_\_\_\_\_
- Thursday Lunch \_\_\_\_\_ Additional guest(s) @ \$25.00 = \$ \_\_\_\_\_
- Thursday Night Dinner / Social \_\_\_\_\_ Additional guest(s) @ \$55.00 = \$ \_\_\_\_\_
- Friday Breakfast \_\_\_\_\_ Additional guest(s) @ \$25.00 = \$ \_\_\_\_\_

\$ \_\_\_\_\_ TOTAL DUE KACM

*\*\*Note: When sending in your registration, please include a short description of your company / services to be included in each clerk’s conference packet.*

**Return application before: August 1, 2019**

Make checks payable to: KACM

Mail form and Registration Fee to: Katie Marcum  
10 East Blanchard Avenue  
South Hutchinson, KS 67505

If you have questions, please contact Katie Marcum at [katiem@southhutchpd.com](mailto:katiem@southhutchpd.com) or 620-560-6251.