

KANSAS ASSOCIATION FOR COURT MANAGEMENT

Exhibit Space Application

KACM Conference, September 27-28, 2018

Overland Park Marriott

Contact Person: _____

Company Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Names of persons who will work booth: _____

Exhibit Booth Space: We will exhibit - \$150.00 (non-refundable) We will provide Door Prize

Electricity needed for _____ (\$10)

Other Requirements: _____

Exhibit space setup times: Sept 26th (Wednesday) 2:00 - 5:00 pm

Sept 27th (Thursday) 6:30 am

Exhibit space breakdown: Sept 28th (Friday) by 12:00-noon

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 Overland Park Marriott. 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 \$150.00 includes booth space, one (1) six-foot table with black table cloth and black skirt, a chair (extra chairs available on request); breakfast, lunch, and dinner on Thursday, and breakfast on Friday, for one person. Exhibitor agrees to make advance arrangements with the Overland Park Marriott 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 claims for any reason whatsoever, including negligence, against KACM and/or any of its officers or members, for loss, theft, damage, or destruction of goods, or for any injury to the exhibitor or their employees while exhibiting at this conference.

Shipping: See "KACM Vendor Shipping Info" PDF.

Authorized Signature _____ Date _____

PLEASE CHECK WHICH ACTIVITIES YOU PLAN TO PARTICIPATE :

Thursday breakfast _____ Additional guest(s) @ \$25.00 = \$ _____

Thursday lunch _____ Additional guest(s) @ \$25.00 = \$ _____

Thursday Night Dinner/Social _____ Additional guest(s) @ \$40.00 = \$ _____

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, 2017.**

Make checks payable to: **KACM**

Mail form and Registration Fee to: Greg Nickel
PO Box 426, 201 E 6th
Newton, KS 67114

If you have questions, please contact Greg Nickel at gnickel@newtonkansas.com or 316-284-6053