

**CCAO/CEAO ANNUAL WINTER CONFERENCE**  
**Trade Show Registration Form**  
**December 4-6, 2019 | Trade Show December 4-5, 2019**

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**REPRESENTATIVES ATTENDING TRADE SHOW ARE:**

Name \_\_\_\_\_

Name \_\_\_\_\_

PE  PS Title \_\_\_\_\_

PE  PS Title \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

PLEASE LIST/DESCRIBE THE SERVICE(S)/PRODUCTS(S) & SPECIALIZATION PROVIDED BY YOUR ORGANIZATION. LIST COMPANIES THAT YOU PREFER NOT TO BE LOCATED NEAR.

\_\_\_\_\_  
\_\_\_\_\_

**Booth Selection and Pricing:**

Premier - \$950/Booth before 10/31/19

Premier - \$1050/Booth after 10/31/19

Standard - \$750/Booth before 10/31/19

Standard - \$850/Booth after 10/31/19

PREFERRED LOCATION (SEE ATTACHED CHART): 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_ 3<sup>rd</sup> choice \_\_\_\_\_

**# of Booths:** \_\_\_\_\_ **Total: \$** \_\_\_\_\_

**Exhibitor Representatives:** Two (2) representatives are included in your booth registration. Additional booth representatives may register for \$150 per person by completing the attached form. This includes Wednesday evening reception/entertainment, Thursday breakfast, Thursday lunch, and Thursday ice cream social break.

**Insurance Coverage:** Vendor agrees that they are solely responsible for any and all liability caused in whole or in part by their employees, agents, guests and anyone participating in this event through them. Vendor further agrees to indemnify and hold harmless CCAO/CEAO, its employees, board members and affiliates from any and all liability which may result from the vendor's participation in this event. Vendor agrees to comply with all applicable laws, ordinances and regulations and is solely responsible for said compliance by vendor, their employees, agents, guests and anyone participating in this event through them. Vendor agrees to carry commercial general liability insurance with limits not less than \$1,000,000 per claim which will cover all aspects of Vendor's participation in this event, and will name CCAO/CEAO as an additional insured. **A copy of the insurance certificate is required with your trade show application and payment.**

**Cancellation Policy:** Refund will be issued less a \$75.00 administrative fee if cancelled before October 31, 2019; no refunds after that date. All cancellations must be made in writing. No shows will be billed.

**\*\*All exhibitors are subject to approval by CCAO/CEAO. You will receive a confirmation email of your approval.**

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please submit this application and payment before November 13<sup>th</sup> (subject to availability) to:**

The Conference Account c/o CEAO  
6500 Busch Boulevard, Suite 100, Columbus, OH 43229

**CCAO/CEAO ANNUAL WINTER CONFERENCE**  
**Additional Representatives Registration Form**  
**December 4-6, 2019 | Trade Show December 4-5, 2019**

**Exhibitor Representatives: Two (2) representatives are included in your booth registration.** Additional booth representatives may register for \$150 per person by completing the form below. This includes Wednesday evening reception/entertainment, Thursday breakfast, Thursday lunch, and Thursday ice cream social break.

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**ADDITIONAL REPRESENTATIVES ATTENDING TRADE SHOW ARE:**

Name \_\_\_\_\_

PE  PS Title \_\_\_\_\_

Email \_\_\_\_\_

**Number of additional exhibitor representatives:** \_\_\_\_\_ **x \$150 = \$** \_\_\_\_\_

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please submit this application and payment before November 13<sup>th</sup> (subject to availability) to:**  
The Conference Account c/o CEAO  
6500 Busch Boulevard, Suite 100  
Columbus, OH 43229

**Questions?**  
Contact Jennifer Shuey, CEAO Director of  
Operations and Education at:  
[jshuey@ceao.org](mailto:jshuey@ceao.org) or 614-221-0707