

2017 KAA EXHIBIT CONTRACT & SPONSORSHIP AGREEMENT

PLEASE COMPLETE ALL SECTIONS, SIGN AND RETURN TO SECURE YOUR SPACE.

Please return by **June 1, 2017**

COMPANY INFORMATION (2 attendees per booth included)

Company Name: _____

Booth Contact Name: _____

Booth Contact Email: _____

Booth Contact Phone: _____

Company Contact Email: _____

Names for Conference Badges

1. _____

2. _____

3. _____

4. _____

BOOTH INFORMATION (please circle choice)

KAASPONSOR RATE

(Must choose a Sponsor Opportunity Below)

\$700 PER TABLE

KAANON-SPONSOR

RATE

\$1000 Per Table

KAANON-PROFIT RATE

\$200 PER TABLE

Additional Booth Representative

\$50 per Person

Booth Preferences:

Yes- I need ELECTRIC

No- I DO NOT need ELECTRIC

ALL TABLES WILL HAVE TABLECLOTHS

All Vendors will have access to meals provided and to any CEUs they would like to obtain. You can also provide any materials that you would like included in every conference bag. Must be sent directly to Hotel for arrival two days in advance of event. Vendors will provide short presentations to small groups at three different times throughout the day to ensure speaking with all attendees.

KAASNON-ATTENDEE VENDOR RATE

\$100 FOR MATERIALS IN CONFERENCE BAGS – Must be sent directly to Hotel for arrival two days in advance of event.

SPONSOR OPPORTUNITIES – (Sponsor rate vendors must choose at least one sponsor opportunity)

Meal Sponsors - \$650 _____

Student Scholarships - \$750 _____

Student Presentation Awards - \$500 _____

Name Badge/Lanyard Sponsor - \$700 _____ (First to contact me by email and payment received by May 15th, 2017)

Conference Bag Sponsor - \$700 _____ (First to contact me by email and payment received by May 15th, 2017)

Please indicate the category that best describes your company:

Manufacturer Distributor Supplier Wholesaler Other: _____

All sponsors will be listed on materials distributed as well as on signage at event. **Thank you in advance for help through sponsorship!!**

PAYMENT INFORMATION

Total due for Exhibit Space/Additional reps \$ _____

Total due for Sponsorship \$ _____

Total due for Non-Attendee \$ _____

BALANCE DUE \$ _____ CHECK ENCLOSED PAYABLE TO KAA PLEASE CHARGE BALANCE TO CREDIT CARD

VISA MasterCard AmEx Discover

NAME ON CARD _____ CARD NUMBER _____

EXPIRATION DATE _____ 3 DIGIT CODE for V, MC or D – 4 digit code for AMEX _____ Zip Code _____

AUTHORIZED SIGNATURE: _____

Email for Receipt: _____

Please fax to 859-271-0607 or email back to: ciones@kyaudio.org or you can mail with check to: KAA, 446 E. High Street, Suite 10. Lexington, KY 40507