

- complete an online application at [www.lachoices.org](http://www.lachoices.org)  
- or -
- complete this application/contract and fax to (323) 800-2716

# exhibit space application/contract

Company/Organization Name		Contact Name
Published Address (To be viewed by all conference attendees)		
City	State	Zip/Postal Code
Published Phone	Published Fax Text	Published E-mail
Web Address		
Contact's Mailing Address (If different from above)		
Contact's Phone	Contact's Fax	Contact's E-mail

## Booth Selection and Fee Calculation

Please check the appropriate box.

booth space fees	Received before or on August 1, 2014		Received after August 1, 2014		QUANTITY	TOTAL
	Non-profit Vendor	Corporate	Non-profit Vendor	Corporate		
revenues over \$3 million	<input type="checkbox"/> \$500	<input type="checkbox"/> \$800	<input type="checkbox"/> \$600	<input type="checkbox"/> \$1000		\$
revenues under \$3 million	<input type="checkbox"/> \$300	<input type="checkbox"/> \$500	<input type="checkbox"/> \$400	<input type="checkbox"/> \$700		\$
SCHOOL BOOTHS	<input type="checkbox"/> FREE	<input type="checkbox"/> \$300	<input type="checkbox"/> \$200	<input type="checkbox"/> \$500		\$
misc charges						\$

**Total Amount \$** \_\_\_\_\_

Please indicate any specific requests for booth location - EXPO Management will contact you regarding space availability upon receipt of cocontract

Please let us know if you are interested in receiving further information on any of the following:

Sponsorship  Program Guide Advertising  Exhibit Hall Raffle  Other Marketing Options \_\_\_\_\_

## Payment Information

Please indicate method of payment below:

**CREDIT CARD: please submit card details below.**

Visa  MasterCard  American Express

Card Number \_\_\_\_\_

Expiration \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

**CHECK:**

Please make check payable to:  
**CHOICES EXPO**  
 and mail to:

**CHOICES EXPO,**  
 Los Angeles  
 2410 Broadway  
 Walnut Park, CA 90255

Exhibit Management. A counter-signed copy will be returned to Exhibitor upon acceptance of this application. Please read the terms and conditions on this contract and sign below to finalize your application. The undersigned ("Exhibitor") understands that this application becomes a binding contract when accepted by Exhibitor has read the terms and conditions and has the authority to enter into this contract. Exhibitor agrees to abide by all requirements, restrictions, and obligations set forth in this contract, and the terms and conditions, which are a part of this contract.

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

Exhibit Management Counter-Signature \_\_\_\_\_ Date \_\_\_\_\_

### Contact Us

CHOICES EXPO,  
 Los Angeles  
 2410 Broadway  
 Walnut Park, CA 90255  
 Ph: (323) 800-2716  
 Fx: (323) 923-0380  
[info@lachoices.com](mailto:info@lachoices.com)  
[www.lachoices.com](http://www.lachoices.com)

### Cancellation Policy

Cancellation requests must be submitted in writing by e-mail to:  
[info@lachoices.com](mailto:info@lachoices.com)

### Cancellation Deadlines

- On or before July 1, 2014:  
100% refund of total booth fee
- Between July 1 and September 1:  
50% refund of total booth fee
- After September 1, 2014:  
No refund

