



# EXHIBITOR BOOTH APPLICATION

Complete the application and bring it to the Chamber Office, along with your payment, or register online at [www.chinovalleychamber.com/business-expo](http://www.chinovalleychamber.com/business-expo)  
Retain a copy of the application and event policies for your records.

## SATURDAY, OCTOBER 19, 2019

11:00 AM – 3:00 PM  
Open to Public \* Free Admission  
At the Shoppes at Chino Hills  
Expo Kick-Off Mixer – Thursday, October 17, 2019  
Open to Sponsors, Exhibitors, Chamber Members & Guests

EXHIBITOR NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_

PRODUCT/SERVICE TO BE EXHIBITED: \_\_\_\_\_

**SELLER'S PERMIT:** If you will sell products, you must attach a copy of your valid California Seller's Permit and display it at your booth at all times.

**LIABILITY INSURANCE IS REQUIRED:** All exhibitors must furnish a Certificate of Liability Insurance with additional insured endorsement no later than September 19, 2019. See Liability/Security form provided by the Chamber.

NON-PROFIT (501c3)	EXHIBITOR BOOTH (MEMBERS)	EXHIBITOR BOOTH (NON-MEMBERS)	ELECTRICITY(CONTACT CHAMBER)
<input type="checkbox"/> \$70.00 (UNTIL 09-19-19)	<input type="checkbox"/> \$120.00 (UNTIL 09-19-19)	<input type="checkbox"/> \$170.00 (UNTIL 09-19-19)	<input type="checkbox"/> \$ 50.00
<input type="checkbox"/> \$110.00	<input type="checkbox"/> \$160.00	<input type="checkbox"/> \$210.00	

**NO REGISTRATIONS WILL BE ACCEPTED AFTER OCTOBER 10, 2019**

Booth space includes a 10' x 10' marked space on the paved area, an 8' table & 2 chairs. Exhibitor must bring all equipment necessary to set up their booth within the marked space. All exhibitor spaces will be filled at registration on a first come, first served basis.  
Payment must accompany application.

**NO CANOPY OR TABLECLOTH WILL BE PROVIDED, PLEASE BRING YOUR OWN.**

### PAYMENT INFORMATION (MAKE CHECKS PAYABLE TO "CVCC" OR COMPLETE THE FOLLOWING)

VISA                       MASTERCARD                       AMERICAN EXPRESS                       DISCOVER

CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

3-DIGIT CODE ON BACK OF CARD: \_\_\_\_\_ CARDHOLDER'S NAME: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

#### FOR OFFICE USE ONLY

APPLICATION                       PAYMENT                       EVENTS POLICIES                       INSURANCE