



SPONSOR 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
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

SPONSOR 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.

<input type="checkbox"/> BRONZE SPONSOR	<input type="checkbox"/> SILVER SPONSOR	<input type="checkbox"/> GOLD SPONSOR	<input type="checkbox"/> PLATINUM SPONSOR	<input type="checkbox"/> DIAMOND SPONSOR
\$ 500.00	\$ 1,000.00	\$ 2,000.00	\$ 3,000.00	\$ 4,000.00

Booth space includes a marked space in the Sponsor section near the stage. Sponsor must bring all equipment necessary to set up their booth within the marked space. All Sponsor spaces will be filled at registration on a first come, first served basis.
Payment must accompany application.

NO REGISTRATIONS WILL BE ACCEPTED AFTER OCTOBER 10, 2019

All sponsorship materials must be received by September 18, 2019 in order to be included on posters and banners. For information on booth space, entertainment or any other Expo related questions, please call the Chino Valley Chamber at 909-627-6177 or email ldivens@chinovalleychamber.com

Sponsors will have their logos displayed on the Business Expo webpage throughout the year.

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 EVENT POLICIES INSURANCE LOGO