

9th California Unified Program Annual Conference

February 12 - 15, 2007

EXHIBITOR ORDER FORM for February 14 & 15, 2007
 The Hyatt, 11999 Harbor Blvd., Garden Grove, Orange County
 714-750-1234 (\$84 room rate under CA CUPA block)

Price includes continental breakfast Wednesday & Thursday, Sponsorship of
 Hors d'oeuvres at Wednesday 2/14/07 Reception and no-host bar with smooth jazz.

For further conference details go to our website at www.calcupa.net

Please return order form by January 12, 2007

Exhibitor Booth			
Item	Charge per item	Quantity	Total
Exhibitor Table Tops (2' x 8') with 1 - 8' Table - 2/14 & 15	Includes skirted table, backdrapes & sign \$ 900.00 (Table Tops #TT1-TT21 only)		
Exhibitor Booths (8' x 10') with 1 - 6' Tables - 2/14 & 15 with 2 - 6' Tables - 2/14 & 15	Includes skirted table, backdrapes & sign \$ 1,000.00 (Booths #1- 38 only) \$ 1,150.00 (fits only at certain booth #'s)		
Additional person (over 2 people)	\$ 125.00 per day (includes meals)		
Chair (s)	2 chairs are included & wastebasket		
Telephone/Internet line	Call in request for quotes		
Power/Electrical (5-15 amps)	\$ 95.00 (\$125 after 1/12/07)		
Power/Electrical (over 30 amps)	\$ 250.00 (\$305 after 1/12/07)		
Other Sponsorship options		Includes signage and slide show	
Bronze Sponsor for breaks	\$ 500.00		
Silver Sponsor for breaks	\$1,000.00		
Gold Sponsor for breaks	\$1,500.00		
CUPA CUP Sponsorship- Bowling	\$2,500.00		
CUPA CUP Sponsorship adv	\$100.00 for Advertisement		

Liability Insurance required *

Specify Booth # choice (#1 _____)(#2 _____)(#3 _____) Total: \$ _____

Order received _____. Booths are assigned by receipt of order and payment.
 There is a \$75 cancellation fee if received by January 12, 2007. No refunds after 1/13/2007.

Contact
 Name _____ Names
 of Participants for name badges _____
 Company _____

Address _____

 City _____ State _____ Zip _____
 Phone () _____ Fax () _____
 E-mail _____

ALL ORDERS MUST BE PREPAID

Method of payment: Please find enclosed my check in the amount of \$ _____
 Credit Card (**Please attach a copy of front and back of card**): **or register on website**
 Card # _____ VISA MC AMEX
 Card holder _____ Exp. Date _____
 Authorized Signature: _____ Date _____

Please return with payment no later than January 12, 2007 – Space is limited !!!!!

California CUPA Forum, Attn: Sheryl Baldwin, P.O. Box 2017, Cameron Park, CA
 95682-2017 * 530-676-0815 * 530-676-0515 Fax * email: sheryl@ccdeh.com *
www.calcupa.net

*The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of exhibitor's activities on the hotel premises and will indemnify, defend, and hold harmless the Hotel, its owner, and its management company, as well as their respective agents, servants, employees and California CUPA Forum from any and all such losses, damages and claims.

CALIFORNIA CUPA FORUM

Attn: Sheryl Baldwin
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Cameron Park, CA 95682-2017
conference day
530-676-0815 TEL
530-676-0515 FAX
[**sheryl@ccdeh.com**](mailto:sheryl@ccdeh.com)
[**www.calcupa.net**](http://www.calcupa.net)

Exhibitor fee includes:

- **2 Conference Registrations**
- **Continental Breakfast Wed/Thurs.**
 - **2 Lunch tickets each**
- **Recognition at vendor reception**
- **6' Draped Table with name sign**
- **One page advertisement or logo you provide on Powerpoint to be displayed at luncheons.**
- * **Each participant will receive vendor list.**