

TASN
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**Texas Association for School Nutrition
Contract for Exhibit Space
2019 Grapevine, Texas**

In accordance with the rules and regulations governing the exhibits of the Texas Association for School Nutrition (TASN) Annual Conference, this contract dated _____ is entered into between

_____ and the Texas Association for School Nutrition (TASN).

BOOTH SELECTION:

1st Choice _____ 2ND Choice _____ 3RD Choice _____

Required Deposit: \$700 per 10' x 10' space for Members and Non-members, due at time contract is submitted.

Booth Fees per 10 x 10 exhibit space: **Members:** In-line \$1,500; premium corner \$1,600
Non-Members: In-line \$1,950; premium corner \$2,050

Is this the first time exhibiting at the TASN Annual Conference? (circle one) YES or NO

EXHIBIT PRODUCT DESCRIPTION (to be printed in Conference Guide, 100 character limit):

CATEGORY (circle one)

Manufacturer
Food Broker
Equipment Broker
Food Distributor
Equipment Distributor
Consultant

COMPANIES YOU PREFER NOT TO BE ADJACENT TO: _____

BILLING INFORMATION: (Please print or type)

Company Name _____ Contact Name _____ TASN Member Number _____

Mailing Address _____ City _____ State _____ Zip _____

Phone (____) _____ Website _____ E-Mail _____

SHOW CONTACT: Contact _____ Phone _____ Email _____

(This person to be point of contact for all Show communications and printed in the Conference Guide)

ACCOUNTABILITY STATEMENTS: I, the duly authorized representative of the undersigned company, on behalf of the said company, subscribe and agree to all the terms, conditions, authorizations and covenants contained in the application & contract for exhibit space, and the general rules and regulations. This document does not constitute a contract until accepted by TASN. **Individuals under 16 years of age will not be allowed in the exhibit hall or dock area. No one under 18 may load or unload in the exhibit hall or the dock area.**

Contracted Representative _____

Brokerage Companies are responsible for the full payment of all contracted booths. TASN will not accept individual payments. (See back of contract)

Credit Card # _____ **Security Code** _____ **Expiration Date** _____

Name on Card _____ **Check #/Credit Card Type** _____

(OFFICE USE ONLY)

Date Received _____ **Booth Number(s)** _____ **Amount Received \$** _____

TASN Representative _____