## SPONSORSHIP & EXHIBIT FORM\*

\*Exhibit space includes one 6' table, two chairs, basic Wi-Fi. No electrical or power included. Must be purchased from hotel provider.



Company Name			
Contact Name		Contact Title	
Phone Number	Emai	il Address	
Address	City		State Zip Code
Level of Spo	onsorship:		Angheim
Number of Exhibit Tables R	equested:		2 0 CCE 2 May 9 - 11
	Notes:		Adult Education
			Today's Dream Tomorrow's Reality
Total Sponsorship/Exhi	bit Fees:		WY WY
☐ Check Enclosed [	Check in Process	☐ Please charge credit card below for \$_	
☐ Visa [	Mastercard	☐American Express	
Cardholder Name			
Card Number			
Expiration Date	Security Code		
Billing Address			
City		State Zip Code	
participate and receive all be In the event the exhibitor must cancel of this application by Council for Adult conditions. Exhibit space is assigned of	nefits and features of this contract, refunds will be Education (CCAE) constitu in a first-come, first-serve b is and advertising material f	ments are due 30 days prior to the start of exhibiting. Show management reserves allowed up to 30 days prior to the event. Acceptance ates a contract. By signing below, exhibitor agrees to a asis, unless otherwise discussed. It is understood that or use with any vendor marketing and are subject to a conditions.	the right to deny entry.  of these terms and conditions  bide by these terms and t exhibitors are responsible for
Signature of Company Representative			
Printed Company Representative Name	е	Date	
Signature of CCAE Representative		Title of CCAE Representative	
Printed Name		Date	