

**CONTRACT & PAYMENT**

**ON OR PRIOR TO JUNE 4, 2011**

Contract must be accompanied by a minimum deposit of 50% of the total cost with the balance due by close of business on June 4, 2011.

**AFTER JUNE 4, 2011**

Contract must be accompanied by full payment. No contracts will be processed without the required payment.

**IMPORTANT INSTRUCTIONS**

1. Please clearly print or type.
2. Fill in all applicable sections of the contract.
3. Make a copy of both pages of this contract for your records.
4. Make checks payable to:  
California Grocers Association
5. Payments made by check or money order must be payable to CGA in U.S. funds and drawn on a U.S. bank. U.S. money orders are preferred. Wire transfers acceptable in U.S. funds. For wiring instructions contact CGA management, 916-448-3545 or toll free 800-794-3545.
6. Mail or overnight original contract with payment to:  
California Grocers Association  
1415 L Street, Suite 450  
Sacramento, CA 95814  
Phone: 916-448-3545  
Toll Free 800-794-3545  
Fax: 916-448-2793  
Email: conference@cagrocers.com  
Web: www.cagrocers.com

**FOR CALIFORNIA GROCERS ASSOCIATION  
2011 MANAGEMENT USE ONLY**

DATE CONTRACT RECEIVED \_\_\_\_\_

DATE DEPOSIT RECEIVED AND CHECK # \_\_\_\_\_

AMOUNT OF DEPOSIT \_\_\_\_\_

DATE FINAL PAYMENT AND CHECK # \_\_\_\_\_

AMOUNT OF FINAL PAYMENT \_\_\_\_\_

BOOTH ASSIGNED \_\_\_\_\_

RECEIVED BY \_\_\_\_\_

**COMPANY CONTACT INFORMATION**

List the company name, address, telephone and fax number as it should be listed in the directory and where all correspondence will be sent. If you want your materials mailed to someone other than the tradeshow contact listed below, please indicate on a separate sheet.

COMPANY NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ON-SITE CONTACT \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ COUNTRY \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ CELL \_\_\_\_\_

COMPANY E-MAIL \_\_\_\_\_ WEB SITE \_\_\_\_\_

CONTACT E-MAIL \_\_\_\_\_

**SPACE REQUIREMENTS**

Minimum booth size: 10' x 10' = 100 sq.ft.

Number of booths 1  2  3

Exhibit space configuration required:  Standard  Premium

Our booth preferences are:

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_

**ASSIGNMENT INFORMATION**

Your company's priority status for exhibit space selection will be determined by first-come, first-served basis. Following the previous year's exhibitor priority period, all exhibit space will be assigned on a first-come, first-served basis. CGA reserves the right to make the final determination of all space assignments in keeping with the best interests of the exhibition.

To assist in the assignment of exhibit space, please list any companies who have product lines competitive with yours, if applicable:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**DIRECTORY INFORMATION**

In addition to your alphabetical listing in the 2011 Program Directory, your company name will also be listed under product categories. Please refer to the Product Categories Listing and enter up to six (6) category numbers:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

**PRODUCTS & SERVICES DESCRIPTION**

Please describe, in **25 words or less**, what products and/or services will be displayed in your booth. This information will be used for inclusion with your company description in the Program Directory. **Please TYPE or PRINT clearly**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EXHIBIT COST

Please read the Contract Terms & Conditions regarding payment for space.

# \_\_\_\_\_ of 10x10 booth(s) x \$2,500 = \$ \_\_\_\_\_ **(Standard-CGA Member)**

# \_\_\_\_\_ of 10x10 booth(s) x \$3,000 = \$ \_\_\_\_\_ **(Standard-Non CGA Member)**

# \_\_\_\_\_ of 10x10 booth(s) x \$3,000 = \$ \_\_\_\_\_ **(Premium-CGA Member)**

# \_\_\_\_\_ of 10x10 booth(s) x \$3,500 = \$ \_\_\_\_\_ **(Premium-Non CGA Member)**

**TOTAL EXHIBIT \$** \_\_\_\_\_

Laura Stroud will follow-up to finalize the details of your exhibit booth.

### STRATEGIC CONFERENCE SPONSORSHIP

My company will sponsor at the 2011 CGA Strategic Conference at the following level:

Red Level Sponsor—\$5,500

Sunday Reception Co-Sponsor—\$15,000

White Level Sponsor—\$11,000

Conference Networking Lounge—\$17,500

Blue Level Sponsor with Business Conference Suite—\$27,500

Registration Sponsor—\$7,500

**TOTAL SPONSORSHIP \$** \_\_\_\_\_

Beth Wright will follow-up to finalize the details of your sponsorship.

\*Please note, if you are participating as both a sponsor and an exhibitor, you will receive the benefits at the sponsorship level.

### CALIFORNIA GROCER MAGAZINE ADVERTISING

I will advertise in the *California Grocer* Magazine, distributed at the Strategic Conference, at the following level:

Full Page 4 Color Advertisement—\$2,800

Full Page Black & White Advertisement—\$1,900

Half Page 4 Color Advertisement—\$2,050

Half Page Black & White Advertisement—\$1,150

**TOTAL ADVERTISING \$** \_\_\_\_\_

Call for more options or volume discounts. Tony Ortega will contact you to finalize the details of your advertisement.

### PAYMENT

Total Exhibit \$ \_\_\_\_\_

Total Sponsorship \$ \_\_\_\_\_

Total Advertising \$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED \$** \_\_\_\_\_

Check payable to the California Grocer Association  
Tax ID#: 94-0361110

It is important for your company to send your payment promptly with a completed contract as space is limited. Your company's retail request for the Retailer Review Sessions is based upon when CGA received a minimum of 50% of your payment due and a completed contract.

**PLEASE SIGN BELOW, AND MAKE A COPY OF BOTH PAGES FOR YOUR RECORDS.**



#### Direct questions to CGA

Phone: 916-448-3545 or  
toll free 800-794-3545

Fax: 916-448-2793

E-mail: [conference@cagrocers.com](mailto:conference@cagrocers.com)

Web: [www.cagrocers.com](http://www.cagrocers.com)

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_