ARE YOU A FIRST-TIME EXHIBITOR?

YES ___ NO ___

2020 Exhibit Hall Contract

School Nutrition Association
74th Annual National Conference
Nashville, TN • July 12-14, 2020

Exhibit Operations, SNA
P.O. Box 759297, Baltimore, MD 21275-9297
exhibits@schoolnutrition.org
www.schoolnutrition.org/ancexhibitors

Return signed Contract along with check to:

1. INFORMATION FOR SHOW PROGRAM: (Please print)
   Complete Company Name (Firm name will be listed exactly as shown on all SNA publications.)

Company Street Address:__________________________
Company City, State, ZIP:__________________________
Telephone: (_____)(_____)________ (800)____________ E-mail:__________________________
Company Website:__________________________________________

Correspondence Should Be Sent To:
Name: (Trade show organizer)___________________________
Title:______________________________________________________ E-mail:__________________________

2. PREFERRED LOCATIONS: (Based on single 10x10)
   - Produce Pavilion
   - Dairy Way
   - Gluten-Free Aisle

ON/BFOE 9/30/19
- CORPORATE MEMBER RATES: $2,600 inline $2,800 corner
- NON-MEMBER RATES: $3,575 inline $3,775 corner

AFTER 9/30/19
- CORPORATE MEMBER RATES: $2,950 inline $3,150 corner
- NON-MEMBER RATES: $3,925 inline $4,125 corner

If preferred location and/or booth type is not available, a comparable booth will be assigned. Please view the most current floor plan on the Website before making this decision.

1st choice __________ $ ____________ 3rd choice __________ $ ____________ 5th choice __________ $ ____________
2nd choice __________ $ ____________ 4th choice __________ $ ____________ 6th choice __________ $ ____________

3. PAYMENT:  
   - Check enclosed (payable to SNA)  
   - MasterCard  
   - VISA  
   - DISCOVER  
   - AMEX

Contracts must be accompanied by a 50% deposit. Final payment is due by December 6, 2019.

Total Amt. $____________________ (Credit card will not be charged if left blank.)

Card Number:__________________________
Exp. Date:________________________ Cardholder’s Name:__________________________
Billing Address:__________________________ (please print)
City:__________________________ State: _______ Zip: ____________
Authorized Signature:__________________________

☐ VIRTUAL EXPO

NOTE: PLEASE RETAIN A COPY OF THIS EXHIBIT HALL CONTRACT FOR YOUR RECORDS.
4. PAYMENT POLICY: Contracts must be accompanied by a partial payment equal to 50% of the total rent for booth space requested. Space will not be held without a deposit. All payments are non-refundable, except as specifically set forth in Section 5B below. **Full payment for all space is required by December 6, 2019.** If full payment is not received by December 6, 2019, the Association shall have the right to cancel the booth reservation and retain all payments made or owed as liquidated damages; space may be reassigned to another exhibitor at the option of the Association without refund of payments. **Contracts received after December 6, 2019 must be accompanied by nonrefundable full payment.**

5. CANCELLATIONS: All cancellations or reductions must be submitted in writing to Exhibit Sales Manager, email: charper@schoolnutrition.org. If and only if notice of cancellation or reduction is received prior to December 31, 2019, a refund limited to 75% of the total cost will be issued. **Please note that after December 31, 2019, NO REFUNDS WILL BE ISSUED UNDER ANY CIRCUMSTANCES on space that is cancelled or reduced for any reason.** The Association will be entitled to all monies paid and owed as liquidated damages. Any space not occupied by the opening of the conference may be reassigned by the Association without obligation to make any reduction or refund whatsoever. **Space reductions are considered cancellations.**

6. MEMBERSHIP AND OTHER FEES DUE: Exhibitors who reserve space at the Corporate Member rate **must be active members** at the time of the show or pay the difference between the Corporate Member rate and the Non-Member rate. Any payments, sponsorships, advertising, membership or other fees owed to the Association must be paid in full prior to the show dates. Any exhibiting firm with outstanding payments, sponsorships, advertising, membership or other fees owed to the Association will not be permitted on the show floor. Exhibitors will not be permitted to set up their booth until full payment has been received.

7. DESCRIPTION OF WHAT YOU WILL EXHIBIT AT ANC: This information will appear in the official ANC Program Guide. Copy will be edited at SNA’s discretion. **No more than 25 words will be printed.** All descriptions must be submitted electronically by February 29, 2020 or they will **not be included in the ANC Program Guide.** Exhibitors will receive an e-mail notification when descriptions are being accepted. **Please do not attach copy to this Contract.** SNA will also feature your company’s Product Categories in the official ANC Program Guide. Visit [www.schoolnutrition.org/ancexhibitors](http://www.schoolnutrition.org/ancexhibitors) to submit a full description.

8. EXHIBITOR SERVICE KIT: Any exhibiting firm **with an outstanding payment will not receive access** to the Exhibitor Service Kit until payment is made in full. In **Spring 2020,** exhibitors will receive notice when the Service Kit is available online.

9. USE OF SPACE, SUBLETTING OF SPACE: No exhibitor shall assign, sublet, or share the space allotted with another business or firm unless approval has been obtained in writing from SNA. One 10x10 space can never be occupied by more than one company. Exhibitors are not permitted to feature names or advertisements of non-exhibiting manufacturers, distributors or agents in the exhibitor’s display; parent or subsidiary companies excepted.

10. RULES & REGULATIONS: It is understood that this document will become a binding Contract upon acceptance by SNA, and incorporated into this Contract are the terms, conditions, rules and regulations contained herein. **Please retain a copy of this Contract for your records.** **NOTE:** Please view the Rules & Regulations on the SNA website at [www.schoolnutrition.org/ancexhibitors](http://www.schoolnutrition.org/ancexhibitors). Your signature is acceptance of the Rules & Regulations. The Application will be returned to you if not properly signed and space will not be assigned until the Contract is executed properly and/or the appropriate payment is received.

Authorized Applicant Signature ___________________________ Date __________

Name ___________________________

Title ___________________________

SNA Representative Signature ___________________________ Date __________

For more information and contacts visit: schoolnutrition.org/ancexhibitors