



EXHIBITOR CONFIRMATION FORM

Your table space will be located in/near walk path. You will have more than 800 attendees as your potential audience. Feel free to bring your own company/organization signage, balloons and information for display. Your space is limited to the immediate area around your table (approx. 12 x 12) unless you have made arrangements and reserved additional space. You may need to bring your own shade (EZ-up) to protect yourself from the elements. Exhibitor space is limited. Reserve your space now by filling out this form and sending it to KDSN along with your fee(s). If for some reason your attendance cannot be confirmed, you will be refunded the exhibitor fee(s).

QUESTIONS

If you have questions regarding the location of your booth, exhibitor fees or the event, please contact:
Lettie Moore at
(661) 472-8383 or
Lettie@kerndsn.org.

WE APPRECIATE YOUR INTEREST IN OUR ORGANIZATION, MISSION AND EVENT - THANK YOU!

2ND ANNUAL WALK FOR A MILLION DREAMS & WDSD CELEBRATION

Saturday, March 21, 2020

Name of Organization/Business: _____

Type of Organization/Business: _____

Not-for-profit agency For-profit agency/business

Mailing Address: _____

Contact Person: _____

Title: _____

Telephone: _____

E- mail: _____

How many spaces/tables will you require? _____

(fee is based on 1 table space/approx. 12x12)

How many chairs needed? (2 max) _____ OR I will bring my own chairs

If you are selling product, will KDSN receive a portion of sales as a donation? Yes No If so, please provide details: _____

EXHIBITOR FEES

****\$50.00— Not for profit Agency / **\$100.00 — For Profit Agency/business as well as a **\$50.00 item or gift basket to be raffled off to attendees.**

Your space includes: • 6ft table • 2 chairs • basic signage

KDSN accepts cash, check or credit cards. If paying by check, please make your check payable to KDSN and send to:

P.O. Box 1022, Bakersfield, Ca 93302, Attn: Walk/Exhibitor
or e-mail to Lettie@kerndsn.org.

A check made payable to KDSN is enclosed Mail an invoice

Charge my credit card Will deliver a cash payment

Name on card (please print): _____

Credit card number: _____ Exp.: _____

CVV Code: _____

Billing address: _____

Zip code: _____

Signature of card holder: _____

Total amount to charge \$ _____

This form MUST be submitted to KDSN by Friday, March 6, 2020