



41ST ANNUAL EOS/ESD SYMPOSIUM & EXHIBITS 2019 EXHIBITOR INFORMATION KIT

September 15-20, 2019
Riverside Convention Center
3637 5th St

Riverside, CA 92501 USA

EXHIBITS: September 16-18, 2019

THE EXHIBITOR KIT IS ONLINE AT WWW.ESDA.ORG/EXHIBITORKIT



Facility Consultant:
Meetings & Events USA, LLC

444 E. Roosevelt Road, #345 • Lombard, IL 60148

+1-312-546-3236 x101 • Fax: +1-312-546-3237

daniel@yournextmeeting.com • www.yournextmeeting.com

Setting the Global Standards for Static Control!

EOS/ESD Association, Inc. 7900 Turin Rd., Bldg. 3 Rome, NY 13440-2069, USA

PH +1-315-339-6937 • Email: info@esda.org • www.esda.org



Welcome



Ginger Hansel
EOS/ESD Association, Inc., President

Thank you for joining our 41st EOS/ESD Symposium and engaging with your customers as they attend our first Symposium in Riverside, California. Your expertise and involvement with industry participants provides the opportunity to tackle specific challenges. We have arranged events and amenities during Symposium week to provide every exhibitor and attendee with quality connections. All exhibitors can attend the Tuesday Welcome Breakfast, the Wednesday General Chair's reception, the topic specific workshops, the Tuesday through Thursday technical sessions including our manufacturing track sessions and the enhanced IoT (Internet of Things) workshop. Please use these special opportunities in addition to time on the show floor to make and renew contacts. There are many ways during Symposium week for you to network and establish more personal connections with attendees. Thank you for being part of our ESD control community.



Guido Notermans
Symposium General Chair

On behalf of EOS/ESD Association, Inc. and the 2019 EOS/ESD Symposium Steering Committee, I would like to most cordially welcome you to the 41st annual EOS/ESD Symposium, being held at the Riverside Convention Center in Riverside, California. Our exhibitors are very important to us. Without you, the Symposium would not be possible. Many of you have been exhibitors and symposium attendees for many years and many of you also serve on standards committees or volunteer with the Association. This demonstrates your dedication to this organization which we sincerely appreciate. I am looking forward to meeting with you and our new exhibitors and getting first-hand information on your newest products and services during the welcome reception on Monday evening and the following exhibition sessions. Please contact me if you have any issues or questions.



Daniel Morris
Meetings & Events USA, Vice President

The team at Meetings & Events USA is pleased to once again serve as EOS/ESD Association, Inc.'s planning partner for 2019. We are excited to share that the Symposium is being held at the Riverside Convention Center in Riverside, California! Attendees continue to tell us that the exhibition hall is one of the most valuable parts of their experience. In addition to a favorable layout of the exhibit hall, we are confident you will be equally impressed with all the amenities and the comfortable feel the convention center has to offer. While we are primarily responsible for managing the conference, we find it is of great importance to pay special attention to EOS/ESD Association, Inc.'s exhibitors to ensure a successful event. Should you require assistance in any way, please don't hesitate to call upon us. We look forward to partnering with you to achieve the best exhibiting experience possible

Points of Contact

Facility Consultant
Meetings & Events, USA
Daniel Morris
444 E. Roosevelt Road, #345
Lombard, IL 60148
Phone: +1-312-546-3236 x101
Fax: +1-312-546-3237
E-mail: daniel@yournextmeeting.com

Booth Decorating Services
Alliance Nationwide Exposition
+1.888.528.2011
ExhibitorAssistance@alliance-exposition.com

Dear Exhibitor:

We are pleased to announce that **Alliance Nationwide Exposition** has been chosen to serve as your new Exhibitor Service Contractor for 41ST Annual EOS/ESD Symposium & Exhibits to be held at Riverside Convention Center, September 16 - 18, 2019.

Please take time to carefully review the information and watch your e-mail for the On-Line Portal login information. Please note that the exhibitor ordering process is 100% online this year!

As always, we encourage you to **ORDER IN ADVANCE** those items and services you require. This will greatly assist us in ensuring a smooth, well-coordinated installation and dismantling. To qualify for discounted pricing on products and services, full payment must be included with your order and received in our office by **Monday, August 19, 2019**. A credit card must be on file to ensure payment for your order and for material handling. No goods or services will be rendered without a credit card accompanying the order.

If you require assistance with renting furnishings and accessories, hiring labor to install or vacuum your booth, electrical and utilities, or for shipping materials for the event, etc., please don't hesitate to contact us.

Exhibitor Services:

(O): (888) 528-2011

(E) ExhibitorAssistance@alliance-exposition.com

Thank you and we look forward to working with you to help make your 41ST Annual EOS/ESD Symposium & Exhibits exhibitor experience an overwhelming success.

Thank you,

Alliance Nationwide Exposition

SAMPLE e-mail for Exhibitor On-Line Ordering Portal

From: Alliance Nationwide Exposition <exhibitorassistance@alliance-exposition.com>

Subject: Ordering open for the 41ST Annual EOS/ESD Symposium & Exhibits

Dear (Exhibitor),

Alliance Nationwide Exposition is pleased to be named the official general service contractor for the (41ST Annual EOS/ESD Symposium & Exhibits) being held (September 16-18, 2019) at the (Riverside Convention Center). We encourage you to use our safe and secure online ordering web site to place your order. Shipping instructions, shipping labels, material handling information and rates can also be found on our web site. To log in, click on the link below and sign in using your e-mail address and the temporary password provided:

Secure Store Link:

<https://alliance-exposition.boomerecommerce.com>

Login Information:

Username: (Email)

Temporary Password: *****

Please do not hesitate to contact us if you need assistance.

Alliance Nationwide Exposition

ExhibitorAssistance@alliance-exposition.com

888.528.2011

Exhibitor Information Kit

Forms

- Early Booth Dismantle Form **REQUIRED**
- Exhibitor Directory Listing Form **REQUIRED**
- Exhibitor Directory Advertising Form **OPTIONAL**
- Exhibitor Registration Form **REQUIRED**
- Promotional Opportunities Form **OPTIONAL**
- Indemnification Form **REQUIRED**
- Proof of Insurance **REQUIRED**
 - Insurance Provider Information

Decorating and Related Booth Services

- Alliance Nationwide Exposition Welcome Letter
- Alliance Nationwide Exposition Information and Booth Supplies Order Instructions

There will be no lead retrieval systems. Lead contact forms, to use for contact collection, will be distributed at the show. Attendee lists will be distributed to Exhibitors prior to the show. Attendee badges will include a QR code for use as desired.

2020 Information

- 2020 Symposium and Exhibitor Information
- Booth Selection Notice, Points, and Block Guidelines

2019 EOS/ESD Symposium Important Information

Exhibit Hours

Move-in:	Monday, September 16	9:00 AM – 4:00 PM MUST BE COMPLETED by 4 PM
Open:	Monday, September 16	6:00 PM – 9:00 PM Welcome Reception in the Exhibit Hall
	Tuesday, September 17	9:30 AM – 5:30 PM
	Wednesday, September 18	8:30 AM – 1:30 PM
Move-Out	Wednesday, September 18	1:30 PM – 4:00 PM

Badges:

Admittance into all sessions and exhibits requires an appropriate badge and holder. As an exhibitor you receive attendance into the technical sessions, workshops, and the Tuesday awards breakfast.

Tutorials/seminars can be attended for an additional fee. If you register for tutorials/seminars you will receive a colored badge holder for that event. **It is important that you use the appropriately colored holder for exhibiting and the tutorials/seminars.**

Security:

Security will be provided on a 24 hour basis; however, it is strongly recommended that exhibitors insure all exhibit materials against loss or damage resulting from circumstances outside the control of the Symposium, facility, or the service contractor. Guards will be checking exhibit credentials and there is no unauthorized admittance. EOS/ESD Association, Inc. will not be liable for protection of persons or property. Exhibitors are responsible for providing their own insurance to cover displays and related materials both on-site, while in storage, and during transportation to and from the facility. EOS/ESD Association, Inc. and the facility will not be responsible for any loss or damage.

Exhibit Hall

No outside food or beverage may be distributed in the exhibit hall.

Exhibitor Lounge

There will be an exhibitor lounge, for exhibitors and guests, located in an area adjacent to the exhibits.

Exhibitor Registration/Symposium Admittance:

Use the enclosed exhibitor registration form to register your staff members. You are allowed six (6) staff members per booth. These registrants are allowed into the Symposium which includes technical sessions, workshops, Tuesday awards breakfast, and exhibit area during setup, tear down, and open hours. In addition, the primary booth registrant receives one 2020 EOS/ESD Association membership. All exhibitors will receive an electronic copy of the 2019 Symposium Proceedings. **Note: If your company requires additional booth personnel they must register as an "Exhibits Only" attendee. They do not receive any benefits as listed and will be allowed in the exhibit hall only during open hours.**

Tutorials/seminars are an additional fee and require separate registration.

Badges can be picked up at the Exhibitor registration area during the hours listed.

Exhibits Only Passes:

Enclosed are "Exhibits Only" passes to use in your exhibit marketing. These passes allow complimentary admission to the exhibit area during open exhibit hours. If you need additional passes please feel free to make additional copies.

Construction of Exhibits

Please read carefully the rules on the reverse side of your application for exhibit space and pay particular attention to the section "Construction of Exhibits". Displays that obstruct or interfere with other exhibitors will **not** be allowed. If you have any questions regarding the construction of your display, please call Daniel Morris, +1-312-546-3236 x101.

Exhibitor Decorator/Service Contractor:

The official service contractor is Teamwork Event Specialists. Please refer to the Decorating and Related Booth Services section for their contact information and ordering information.

2020 Exhibit Space

2019 exhibitors will have the opportunity to choose 2020 exhibit space. The floor plan will be on display in the exhibitor lounge. In order to choose an exhibit space, a \$500 deposit per booth space is required. (MasterCard, Visa, American Express, Discover, cash, or checks in US funds are accepted). Please see the enclosed time schedule to reserve booth space.

Attendee List

All exhibitors will be e-mailed the 2019 EOS/ESD Symposium attendee list before and after the Symposium event. It will include all attendee contact information.

Hotel Reservations

Over the years we have held our costs as low as possible to maintain our meeting activities, exhibitor space charges, and activity attendee fees. We negotiated a minimum hotel room commitment to secure free meeting and event room spaces, which ordinarily would be a significant expense to EOS/ESD Association, Inc.. In order to protect this complimentary space and avoid penalties, we must meet our sleeping room commitment. Therefore, we ask you to stay at one of these hotels. By staying at one of the EOS/ESD Association, Inc., official hotels, you will help in this effort.

Marriott Riverside at the Convention Center
3400 Market Street
Riverside, CA 92501 USA

Mission Inn Hotel & Spa
3649 Mission Inn Avenue,
Riverside, CA 92501

Reservations Link:

[Book your group rate for 2019 EOS/ESD SYMPOSIUM AND EXHIBITS](#)

Call-In: 1-800-228-9290

Rate: \$140+tax

Book By: August 16th (Based on Availability)

Reservations Link: [Click here](#)

Call-In: 1-800-843-7755

Rate: \$140+tax (Resort Fee Waived)

Book By: August 19th (Based on Availability)

UNAUTHORIZED HOUSING

Housing block "pirates" now routinely "poach" event attendees and exhibitors!

Pirating companies gather group's contact information from published or online directories. They call attendees leaving the impression that they are an "official" housing representative. They will also frequently cite an imminent sell-out of the block while urging you to secure housing immediately. Another tactic is to offer a room rate that is significantly less than the official rate. Offered rooms may be substandard or at other properties. Please do not respond to these solicitations or book your rooms with any housing organizations that "claim" to represent EOS/ESD Association, Inc. Booking via the hotel link or calling the number we provided are the only safe and reliable methods for booking your hotel reservations.

Visit www.esda.org/exhibitorkit for a printable pdf of the complimentary pass.

Visit more than 60 exhibits for the latest in ESD technology and services!

Complimentary Exhibits Pass

To obtain a badge for admission to exhibits, bring this pass to the registration area.



We are exhibiting!
Please visit
at booth #

EOS/ESD Symposium and Exhibits
September 15-20, 2019
Riverside Convention Center
Riverside, CA 92501

www.esda.org

EOS/ESD Association, Inc.

7900 Turin Road, Bldg. 3

Rome, NY 13440, USA

+1-315-339-6937

info@esda.org

Exhibits Open

Monday, September 16,
6:00 p.m. - 9:00 p.m.

Tuesday, September 17,
9:30 a.m. - 5:30 p.m.

Wednesday, September 18,
8:30 a.m. - 1:30 p.m.

The products and services you need for managing electrostatic discharge and electrical overstress.

EXHIBIT FORMS

- Form 1 - Early Booth Dismantle Form - Due Today **REQUIRED**
- Form 2 - Exhibitor Directory Listing Form - Due June 21, 2019 **REQUIRED**
- Form 3 - Exhibitor Directory Advertising - Due June 21, 2019 **OPTIONAL**
- Form 4 - Exhibitor Registration Form - Due July 31, 2019 **REQUIRED**
- Form 5 - Promotional Opportunities - Due July 31, 2019 **OPTIONAL**
- Form 6 - Indemnification Form - Due August 16, 2019 **REQUIRED**
- Form 7 - Proof of Insurance - Due August 16, 2019 **REQUIRED**

**TO COMPLETE ONLINE VISIT:
WWW.ESDA.ORG/EXHIBITORKIT**

FORM

REQUIRED

1

EARLY BOOTH DISMANTLE FORM REQUIRED TO EXHIBIT

RETURN THIS FORM TODAY

COMPLETE ONLINE AT WWW.ESDA.ORG/EVENTS/FORM-1

The tear-down time begins **no earlier than 1:30 pm.** Alliance Nationwide Expositions will begin distributing your containers at **1:30 pm.** Once your containers are delivered to you, you may dismantle your space. If your containers are available to you, you may begin dismantling starting at **1:30 pm.**

Exhibitors shall not dismantle before 1:30 pm. Exhibitors who dismantle prior to 1:30 pm will lose priority show points.

Please complete this form and return it as directed.

If you have any questions please contact Lisa Pimpinella, +1-315-339-6937
or e-mail: lpimpinella@esda.org.

This form was received by:

Company Name: _____

Representative: _____

Signature: _____

Date: _____

Return to: Info@esda.org

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2019 Exhibitor Directory Listing Form

RETURN THIS FORM BY JUNE 21, 2019

COMPLETE ONLINE AT WWW.ESDA.ORG/EVENTS/FORM-2

The information is printed in the exhibits directory Type all of the information on this form **exactly** as you want it to appear in the directory.

- 1. Booth Number: _____ (Assigned by EOS/ESD Association, Inc.)
- 2. Company Name: _____
- 3. Company Address: _____
- 4. City/State _____
- 5. Country/PostalCode: _____
- 6. Phone: _____
- 7. Fax: _____
- 8. E-mail: _____
- 9. Web Site Address: _____

10. Provide a 75 word or less description of your company products and/or services. DO NOT use abbreviations and DO NOT use all caps.
*****MUST BE SENT ELECTRONICALLY IN WORD FILE, OR USING THE ONLINE FORM*****

Be sure to complete next page 

Return to: Info@esda.org



2019 Exhibitor Directory Listing Form
RETURN THIS FORM BY JUNE 21, 2019

10. Select: Maximum of "10" categories that best describe your company and product offerings:

- Antistats, Cabinets, Carts, Cleanroom - Equipment, Cleanroom - Garments/Apparel, Cleanroom - Supplies, Consulting/Facility Evaluation, Containers - Totes/Boxes, Field Service Kits, Flooring-Carpet/Vinyl/Rubber, Flooring - Epoxies/Urethanes, Floor Finishes, Floor Mats, Footwear - Shoes, Footwear - Shoe Grounders, Garments/Apparel, Grounding Products, Hand Tools, Ionization, Monitors, Packaging - Bags/Flexible, Packaging - Trays/Semirigid, Packaging - Corrugated, Paints & Coatings, Polymer Producer, Professional Organization, Publications - Documents/Magazines/Media, Seating, Simulators, Software/Computerized System Design, Tapes/Labels, Test Labs, Test & Measurement Equipment, Training/Training Aids, Workstations/Benches, Worksurfaces/Mats, WristStraps, Other

Person completing this form

Name: _____

Company: _____

Telephone: _____

E-mail address: _____

Return to: Info@esda.org

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FORM

3

OPTIONAL

2019 Exhibitor Directory Advertising

RETURN THIS FORM BY JUNE 21, 2019

COMPLETE ONLINE AT WWW.ESDA.ORG/EVENTS/FORM-3

Advertising Rates and Specifications

	<u>Ad and Size</u>	<u>Rate</u>
1/2 Page Color Ad:	8" Wide x 5" High	\$125
1 Page Color Ad:	8" Wide x 10" High	\$200

Special positions are not available • Rates are NOT commissionable

Deadlines

Orders and payments: June 21, 2019

Production materials: June 21 2019

Production Materials

Electronic format in any of the following Windows formats: PDF, EPS, or TIFF. Fonts must be included or text must be converted to outlines. **No other electronic formats will be accepted.**

Complete this form and send a copy with your ad to info@esda.org

Order Form

All orders must be paid **in advance** by check or credit card. Make check payable to EOS/ESD Association, Inc. Mail check with this form to EOS/ESD Association, Inc., 7900 Turin Road, Building 3, Rome, NY 13440 USA.

Yes, I want to run the following ad in the 2019 EOS/ESD Symposium Exhibits Directory.

_____ 1/2 page ad @\$125

_____ 1 page ad @\$200

_____ Enclosed is my check in the amount of _____ payable to EOS/ESD Association, Inc.

_____ Charge my credit card:

Credit Card # _____ Expiration Date: _____

Security Code: _____ Billing Zipcode: _____

Type (circle) Visa MasterCard AMEX Discover

Name on Card _____

Cardholder Signature _____

Name _____

Company _____

Address _____

City _____ State _____

Postal Code _____ Country _____

Phone _____ E-mail _____

Signature _____

Return to: Info@esda.org

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2019 EOS/ESD Symposium Exhibitor Registration Form

RETURN THIS FORM BY JULY 31, 2019

COMPLETE ONLINE AT WWW.ESDA.ORG/EVENTS/FORM-4

Primary full registrant receives admittance to the Symposium including exhibits, technical sessions, workshops, Tuesday awards breakfast, an electronic copy of 2019 Symposium proceedings, and one 2020 EOS/ESD Association, Inc. membership.

Note: Does not include tutorial registration.

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Phone: _____ Country: _____

E-mail: _____

Additional registrants (maximum of five) receives admittance to the Symposium including exhibits, technical sessions, workshops, Tuesday awards breakfast, and an electronic copy of 2019 Symposium proceedings.

Note: Does not include tutorial registration.

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Note: If your company requires additional booth personnel, they must register as an “Exhibits Only” attendee and will be allowed in the exhibit hall only during open hours. Does not include tutorial registration.

Return to: Info@esda.org

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OPTIONAL

2019 Promotional Opportunities

RETURN THIS FORM BY JULY 31, 2019

COMPLETE ONLINE AT WWW.ESDA.ORG/EVENTS/FORM-5

Again this year, you have the opportunity to increase awareness and promote your company by sponsoring various events at the EOS/ESD Symposium. Choose from tutorial lunches, coffee breaks, the welcome reception, the annual meeting and awards breakfast, or all four. Your company name and logo will be prominently displayed (e.g., coffee break sponsored by Acme Company) at each sponsored event. Each opportunity is outlined below:

Event*	What You Receive	Costs	
		Exhibitor	Non-Exhibitor
Tutorial Lunches (3 lunches: Sunday, Monday, Thursday)	Name and logo on signs at all three lunches	\$375	\$750
Breaks (10 breaks: Sunday, Monday, Tuesday, Wednesday, Thursday)	Name and logo on signs at all 10 breaks	\$625	\$1250
Welcome Reception (Monday evening in the exhibit hall)	Name and logo on signs at reception	\$500	\$1,000
Annual Meeting and Awards Breakfast (Tuesday morning)	Name and logo on signs and in opening slides at breakfast	\$500	\$1,000
All Events	Name and logo on signs at all of the above events and in opening slides at breakfast	\$1,500	\$3,000

*Event sponsorships are non-exclusive. There may be multiple sponsors for each event.

Order Form

All orders must be paid in advance by check or by credit card. Deadline for orders is July 31, 2019.

Yes, I want to sponsor the following events at the 2019 EOS/ESD Symposium. I understand that event sponsorships are non-exclusive and that EOS/ESD Association, Inc. reserves the right to accept or reject any event sponsorships.

Event	Amount
_____ Tutorial Lunches (3 lunches) Exhibitor: \$375, Non-Exhibitor \$750	_____
_____ Breaks (10 breaks) Exhibitor: \$625, Non-Exhibitor \$1,250	_____
_____ Welcome Reception (Monday Evening) Exhibitor: \$500, Non-Exhibitor \$1,000	_____
_____ Opening Breakfast (Tuesday morning) Exhibitor: \$500, Non-Exhibitor \$1,000	_____
_____ All Events Exhibitor: \$1,500, Non-Exhibitor \$3,000	_____
_____ Enclosed is my check in the amount of _____ payable to EOS/ESD Association, Inc.	
_____ Charge my credit card:	
Credit Card # _____ Expiration Date: _____	
Security Code: _____ Billing Zipcode: _____	
Type (circle) Visa MasterCard AMEX Discover	
Name on Card _____	
Cardholder Signature _____	

_____ I have enclosed my camera ready copy of our company logo for use on signs and slides.

Company Name as it should appear on signs/slides _____

Name _____

Company _____

Address _____

City _____ State _____ Postal Code _____ Country _____

Phone _____ E-mail _____

Signature _____

Return to: Info@esda.org

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6

**INDEMNIFICATION FORM
REQUIRED TO EXHIBIT**

RETURN THIS FORM BY AUGUST 16, 2019

COMPLETE ONLINE AT WWW.ESDA.ORG/EVENTS/FORM-6

**2019 EOS/ESD SYMPOSIUM
September 15-20, 2019
Riverside Convention Center
3637 5th St
Riverside, CA 92501 USA**

INDEMNIFICATION FORM

“To the fullest extent permitted by law, the undersigned Symposium Exhibitor agrees to indemnify and hold harmless The Riverside Convention Center and their respective employees and agents, EOS/ESD Association, Inc., and all of its agents and employees from and against claims, damages, loss and expenses, including but not limited to reasonable attorney’s fees, arising out of or resulting from the Symposium Exhibitor’s or any of its agent’s or employees’ performance or failure in performance associated with the installation, operation, maintenance and removal of its exhibits to be presented at the 41st Annual EOS/ESD Symposium. Covering the period of September 16-18, 2019.”

I understand that neither EOS/ESD Association, Inc., nor The Riverside Convention Center maintain insurance covering the Exhibitor's property and it is the sole responsibility of the Exhibitor to obtain such insurance.

I agree to the terms of the above Indemnification Form:

Company Name: _____

Representative: _____

Signature: _____

Date: _____

Return to: Info@esda.org

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PROOF OF INSURANCE EXHIBITORS' CERTIFICATE OF LIABILITY REQUIRED TO EXHIBIT

RETURN BY AUGUST 16, 2019

COMPLETE ONLINE AT WWW.ESDA.ORG/EVENTS/FORM-7

In order to participate as an exhibitor in the 2019 EOS/ESD Symposium & Exhibits you must provide EOS/ESD Association, Inc. with a Certificate of Liability Insurance, as stated in your signed contract.

To obtain a correct certificate, please provide your insurance agent with the following information or fill out the enclosed form provided by K&K Insurance:

- 
1. The certificate **must** state that you have liability coverage in the minimum amounts of \$1 million each occurrence/\$2 million aggregate for the show dates including set-up and dismantling of your displays. Those dates are: Monday, September 16 – Wednesday, September 18, 2019
 2. Additional Insured:
 - a. EOS/ESD Association, Inc.
 - b. EOS/ESD Symposium, its officers and agents
- 

Direct any questions and send certificates to:

EOS/ESD Association, Inc.
7900 Turin Rd., Bldg. 3
Rome, NY 13440
Phone: +1-315-339-6937
E-mail: info@esda.org

Provide No Later Than:

August 16, 2019

Note: The K&K Insurance forms on the following pages are provided for exhibitors who may not have separate liability coverage, AND MUST be sent to K&K Insurance NOT ESDA.

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PROGRAM DESCRIPTION

This program has been designed for the concessionaires, vendors and exhibitors who are selling, displaying, demonstrating or promoting their products or services, on a short term basis at special events, malls, shopping centers, tradeshows, consumer shows or a location that is away from any owned or long term leased premises. The insured operations can be conducted from a kiosk, booth, cart, trailer, tent or an outdoor area.

Coverage is provided by a carrier rated A+ (Superior) by A.M. Best Company.

INELIGIBLE OPERATIONS

Operations not eligible for this program include, but are not limited to the following:

- Alcoholic beverages-selling or furnishing
- Animals
- Auto parts (mechanical)
- Body piercing or permanent tattooing
- Christmas tree retail lots
- Contractors (lighting, stage, sound, etc.)
- Cryogenic chambers/therapy
- E-commerce selling
- Fire safety equipment
- Fireworks sales & displays
- Haunted attractions
- Hot wax impressions
- Leasing/rental operations
- Mazes (corn, hay, fence)
- Medical testing
- Motorsports activities
- Nutritional or health supplements (selling)
- On-site installation, service or repair of products
- On-site equipment sales & rental
- Oxygen or aromatherapy bars
- Paintball equipment/accessories
- Photographers (unless for a single event home-based photographer)
- Protective equipment or apparel
- Storefront operations
- Tobacco products (including e-cigarettes/vapor products)
- Toys (for ages 4 and under)
- Unmanned aircraft systems (e.g.: drones, RC aircrafts)
- Vehicles in motion
- Watercraft exhibits on water
- Weapon sales
- Weight loss plans or products (selling)
- Wholesale business operations
- Art displays over 10 feet or occupying more than 100 sq. feet (unless approved by us)

ELIGIBLE OPERATIONS

- Antiques & collectibles
- Apparel & accessories
- Arts & crafts
- Auto/vehicle accessories (non-mechanical)
- Candles
- Caterer (single event option only)
- Celebrity, mascot or character appearances
- Cleaning accessories & products
- Exercise equipment
- Floral
- Food, drink or produce sales
- Game trailers or booths
- Gift wrap booths
- Hardware sales
- Health & beauty products
- Home based vendors (caterers, DJs, florists, ice sculptors, decorators, photographers/ videographers-single event option only)
- Kitchen or cookware accessories or appliances
- Lawn & garden equipment
- Literature distribution
- Micro reality race tracks
- Motorized equipment – static display
- Product demonstrations
- Product or service displays
- Souvenir sales
- Sports or camping equipment
- Toys (for ages 5 and over)
- Vehicle/boat display - static only

EASY WAYS TO ENROLL FOR COVERAGE



WEB Receive coverage immediately by purchasing online at www.eventinsurance-kk.com

OR

Submit this enrollment form, with payment, to K&K.



FAX 1-260-459-5502



MAIL

Regular:	Overnight:
K&K Insurance	K&K Insurance
Event RPG	Event RPG
P.O. Box 2338	1712 Magnavox Way
Fort Wayne, IN 46801-2338	Fort Wayne, IN 46804



QUESTIONS Call **1-800-328-2317**

FOR SERVICE REQUESTS ONLY



E-MAIL info@eventinsurance-kk.com

This brochure is for illustrative purposes only and is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions and exclusions as they may change from one coverage period to the next. You may request a copy of the full policy by submitting a written request to us.

EXCLUSIONS

The following represent only some of the exclusions contained in this policy.

- Abuse, molestation, harassment or sexual conduct
- All operations listed as ineligible
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks-does not apply to structures
- that are not designed to bounce on, slide on, ride on or tunnel through)
- Animals (injury or death to any animal or injury, death, or property damage caused by your animal)
- Asbestos
- Employment-related practices
- Fireworks
- Fungi or bacteria
- Lead
- Nuclear energy liability

Coverages	Option 1	Option 2	Option 3	Option 4	Option 5
Commercial General Liability (CGL):	Limits	Limits	Limits	Limits	Limits
Each Occurrence	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
General Aggregate (other than Products-completed Operations)	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
Costs (based on single unit or 100 sq. ft. space) See page 5 for additional options for multiple units or space exceeding 100 sq. ft.					
Single event coverage (event must be one month or less)	\$ 173.00	\$ 252.00	\$ 502.00	\$ 752.00	\$ 1,002.00
3 consecutive months coverage	\$ 410.00	\$ 608.00	\$ 858.00	\$ 1,108.00	\$ 1,358.00
6 consecutive months coverage	\$ 643.00	\$ 957.00	\$ 1,207.00	\$ 1,457.00	\$ 1,707.00
Annual Coverage	\$ 1,093.00	\$ 1,632.00	\$ 1,902.00	\$ 2,152.00	\$ 2,402.00

*Cost includes premium and a \$15 risk purchasing annual administration fee.

Commercial General Liability with Broadening Endorsement – coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations and personal and advertising injury.

OPTIONAL COVERAGE AVAILABLE

Equipment and Contents Coverage (Inland Marine)

This provides coverage for direct loss or damage to your vendor inventory, supply inventory, detachable trailers, equipment and portable storage units due to fire, theft, vandalism or other covered causes (subject to actual policy terms and conditions). You must insure the full replacement cost of all your equipment and contents to avoid a co-insurance penalty at the time of loss. Should you add additional equipment or contents to your inventory, please contact us to have your insured value amended to avoid a co-insurance penalty.

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have six month or annual commercial general liability coverage for your concession, exhibitor or vendor business with our Concessionaires, Exhibitors & Vendors RPG Insurance Program.
2. Coverage cannot be extended to cover fine jewelry and fine arts, non-structural glass and permanent structures such as concession stands or storage units that are not portable.
3. Coverage will be effective the day after we receive the proper completed enrollment form with premium and will expire one year from the effective date or on the expiration date of your Commercial General Liability policy through the Concessionaires, Exhibitors and Vendors RPG program.

Rates			
Total Value per Location	Rate	Deductible	Minimum Premium
\$ 1 - \$ 10,000	\$.03	\$ 250	\$ 100.00
\$ 10,001 - \$100,000	\$.026	\$ 1,000	\$ 100.00
\$ 100,001 +	\$.026	\$ 2,500	\$ 100.00

FREQUENTLY ASKED QUESTIONS

1. How soon does coverage start? When will we receive proof of coverage?

Coverage can be bound the date after we receive a completed enrollment form and the appropriate premium. Please allow adequate time for us to process your enrollment form and issue certificates.

2. When should we make our coverage effective?

The effective date is the date you need your insurance to start. If you are renewing annual coverage with us, use the expiration date of your coverage. Coverage will be in effect for the time period selected.

3. Can I apply for coverage over the phone?

Unfortunately, we are unable to take your information over the phone at this time. You can apply for coverage online or by completing an enrollment form and submitting it to us via fax or mail.

4. What is a general aggregate?

The general aggregate is the maximum amount to be paid out in any policy period for all losses.

5. I have been asked by the event where I am exhibiting to add them as an additional insured to my policy. What does this mean?

An additional insured is an entity which has an insurable interest for claims arising out of your negligence as the named insured. Such possible entities are the landlord or sponsor. By providing an entity additional insured status, they are now entitled to defense and indemnity (if policy limits have not been exhausted) under your policy with no responsibility for premium payments.

You may request an additional insured in the appropriate section of the enrollment form. Please remember to provide the complete name, address and relationship to you. Additional insured requests must be made in writing.

6. If we need to request another certificate of insurance for a specific event that we are attending, how do we do this?

A written request from the insured is required. There is a certificate request form that will be sent with your original coverage documents that can either be faxed, mailed or e-mailed to us. Please allow adequate time for processing.

7. What is the coinsurance penalty referenced with equipment and contents coverage?

The equipment and contents coverage available within this program contains a 100% coinsurance clause. With a 100% coinsurance clause, you are agreeing to accept a penalty if a covered loss occurs and all of your equipment and contents are not insured to their replacement cost value. For this reason, it is vital that the values of your equipment and contents be accurately reported and updated annually to reflect inflation and other increases in cost. If they are undervalued, a coinsurance penalty may be applied at the time of a loss. The penalty equals the difference between the amount of the loss and the amount actually paid by the carrier.

The simple formula used to arrive at the amount to be paid by the carrier is as follows:

$$\text{"Did" / "Should" x Loss Amount} - \text{Deductible} = \text{Amount Paid}$$

"Did" = the amount of coverage you did purchase
"Should" = the replacement value of your equipment and contents that you should have insured

8. What does the term "replacement cost" value mean with regards to equipment and contents coverage?

Replacement cost means that the value of covered property will be based on the replacement cost at the time of loss without any deduction for depreciation. It is limited to the cost of repair or replacement with similar property and used for the same purpose.

9. Will we receive a policy after submitting the enrollment form?

You will receive a certificate of insurance as proof of coverage. Coverage is offered exclusively through Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. Each member receives their own certificate of insurance as their evidence of coverage. The limits of insurance apply individually to each insured member organization-there are no shared limits of liability with any other members. A copy of the RPG master policy can be requested in writing to: K&K Insurance Group, Inc., 1712 Magnavox Way, Fort Wayne, IN 46804.



Enrollment Form - Concessionaires, Exhibitors & Vendors

Valid for effective dates from 2/1/19 through 1/31/20

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. A risk purchasing group (RPG) provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience. An RPG administration fee may be charged. The submission of this enrollment form and/or the acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. We reserve the right to decline any request for coverage.

TO AVOID PROCESSING DELAYS, PLEASE: 1. Complete all sections (print legibly) 2. Sign and date where required 3. Remit completed enrollment form (pages 4-12) with payment

GENERAL INFORMATION

I am a new account I am renewing my coverage

Full legal name of business: _____

Note: This is the name that will appear on your Certificate of Insurance. If your company is a Sole Proprietorship, then this will be your personal name or DBA.

Applicant is a: Sole Proprietorship Limited Liability Co. Corporation Partnership
 Other (describe): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact name: _____ Phone: (____) _____

Cell: (____) _____ Fax: (____) _____

E-mail: _____ Website: _____

(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 9 of the application for Electronic Disclosure and Consent)

DATES

Coverage will begin the day after the completed enrollment form and premium are received and approved by us, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy).

Start my coverage on this date: ____ / ____ / ____

BUSINESS INFORMATION

1. Check all that apply regarding your type of operations:

- Selling products/services - Describe product/service: _____
- Distribution of literature and/or display only
Describe product/service being displayed/information being provided: _____
Is your display over 10 feet or does it occupy more than 100 sq. feet? Yes No
(please note: Art displays over 10 feet or more than 100 sq. feet are ineligible for coverage under this program, unless reviewed and approved by the program administrator)

2. Select one of the following that best describes your business operations:

- Customers can walk up to your booth, exhibit, tent, trailer, etc.
Examples:
 - You are a food trailer and customers walk up to your window to obtain their food and they walk away. You do not provide seating
 - You are a game trailer and you open up the side of the trailer and customers play a game while standing outside of your trailer
 a. Provide your # of units (e.g.: trailer, push cart, table): _____
- Customers are able to walk in, through and around your booth, exhibit, tent, trailer, etc.
Examples:
 - You are a food vendor that also provides seating for your customers
 - You are a game trailer and customers enter your trailer to play games
 a. Provide your total square footage: _____
- Micro reality race tracks a. Provide # of your tracks: _____
- Home-based wedding vendor. Available only for a single event coverage period - use 1 unit rating

3. Are all of the event operations to be insured located within the United States? Yes No

NOTE: This commercial general liability coverage applies only while you are operating as a concessionaire, exhibitor or vendor. This program does not provide commercial automobile coverage.

4. Please select the coverage period desired: Single event 3 Months 6 Months Annual
 a. If seeking annual coverage, do you own/operate/manage a storefront/brick and mortar business Yes No
 or have a long term lease at a single location for your operations?
 (Storefront/brick and mortar operations or those with long term leases are not eligible for annual coverage. Coverage is only available for a single event (lasting one month or less), 3 months or 6 months policy periods for those exposures that occur away from any of your owned or long-term leased premises.)

5. If applying for single event coverage, please provide the following:

Name of event: _____
 Hours of event: _____ A.M./P.M. to _____ A.M./P.M.
 Date(s) of event: (including set-up/tear-down): _____/_____/_____ to _____/_____/_____
 Location of event (Venue name): _____
 Street address: _____ City: _____ State: _____ Zip: _____

NOTE: This coverage only applies to a single event and the single event cannot exceed one month

You will receive a certificate showing evidence that coverage has been bound. Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.

Note: Additional insureds are not automatically provided/issued per previous policy terms. You will need to request Additional Insureds that are needed for this policy term below.

This certificate is for our: Program coverage (commercial general liability) Equipment and contents coverage

Check the type of certificate you are requesting: Additional insured Evidence of coverage Loss payee

Certificate holder information:

Entity name: _____
 Mailing address: _____
 City: _____ State: _____ Zip: _____

Relationship to named insured:

Owner/lessor of premises Sponsor Co-promoter Event organizer
 Franchisor Lessor of equipment and contents
 Other (please identify/explain): _____

Other than being named on the certificate as an additional insured or certificate holder, does the person or organization require any special wording or endorsements? Yes No

If yes, check all that apply (**Check your request carefully before submitting. The most common delay in certificate processing is caused by providing a partial or incorrect name and/or instructions.**)

Form CG2026 Primary endorsement Waiver of subrogation
 Other (please explain): _____

Date certificate needed by: _____ / _____ / _____

If applicable:

For specific event:

Date(s) of event/activity: _____ / _____ / _____ to _____ / _____ / _____
 Type of event/activity: _____
 Name of event/activity: _____
 Location of event/activity: _____

For equipment and contents/loss payee:

Type of equipment (please describe): _____
 Limit: _____

PROGRAM COST CALCULATION

Please check the coverage period and cost that is applicable. Cost includes premium and a \$15 risk purchasing administration fee.

OPTION 1 - \$1,000,000 Commercial General Liability Limit						
Coverage Period	1 Unit or Up to 100 Sq. Ft.	2 Units or 101 - 200 Sq. Ft.	3 Units or 201 - 300 Sq. Ft.	4 Units or 301 - 400 Sq. Ft.	5 Units or 401 - 500 Sq. Ft.	6 Units or 501 - 600 Sq. Ft.
Single Event	<input type="radio"/> \$ 173.00	<input type="radio"/> \$ 252.00	<input type="radio"/> \$ 292.00	<input type="radio"/> \$ 332.00	<input type="radio"/> \$ 372.00	<input type="radio"/> \$ 412.00
3 Months	<input type="radio"/> \$ 410.00	<input type="radio"/> \$ 608.00	<input type="radio"/> \$ 707.00	<input type="radio"/> \$ 806.00	<input type="radio"/> \$ 905.00	<input type="radio"/> \$1,004.00
6 Months	<input type="radio"/> \$ 643.00	<input type="radio"/> \$ 957.00	<input type="radio"/> \$1,114.00	<input type="radio"/> \$1,271.00	<input type="radio"/> \$1,428.00	<input type="radio"/> \$1,585.00
Annual	<input type="radio"/> \$1,093.00	<input type="radio"/> \$1,632.00	<input type="radio"/> \$1,902.00	<input type="radio"/> \$2,172.00	<input type="radio"/> \$2,442.00	<input type="radio"/> \$2,712.00
OPTION 2 - \$2,000,000 Commercial General Liability Limit						
Coverage Period	1 Unit or Up to 100 Sq. Ft.	2 Units or 101 - 200 Sq. Ft.	3 Units or 201 - 300 Sq. Ft.	4 Units or 301 - 400 Sq. Ft.	5 Units or 401 - 500 Sq. Ft.	6 Units or 501 - 600 Sq. Ft.
Single Event	<input type="radio"/> \$ 252.00	<input type="radio"/> \$ 371.00	<input type="radio"/> \$ 431.00	<input type="radio"/> \$491.00	<input type="radio"/> \$ 551.00	<input type="radio"/> \$ 611.00
3 Months	<input type="radio"/> \$ 608.00	<input type="radio"/> \$ 905.00	<input type="radio"/> \$1,054.00	<input type="radio"/> \$1,203.00	<input type="radio"/> \$1,352.00	<input type="radio"/> \$1,501.00
6 Months	<input type="radio"/> \$ 957.00	<input type="radio"/> \$1,428.00	<input type="radio"/> \$1,664.00	<input type="radio"/> \$1,900.00	<input type="radio"/> \$2,136.00	<input type="radio"/> \$2,372.00
Annual	<input type="radio"/> \$1,632.00	<input type="radio"/> \$2,441.00	<input type="radio"/> \$2,846.00	<input type="radio"/> \$3,251.00	<input type="radio"/> \$3,656.00	<input type="radio"/> \$4,061.00
OPTION 3 - \$3,000,000 Commercial General Liability Limit						
Coverage Period	1 Unit or Up to 100 Sq. Ft.	2 Units or 101 - 200 Sq. Ft.	3 Units or 201 - 300 Sq. Ft.	4 Units or 301 - 400 Sq. Ft.	5 Units or 401 - 500 Sq. Ft.	6 Units or 501 - 600 Sq. Ft.
Single Event	<input type="radio"/> \$ 502.00	<input type="radio"/> \$ 621.00	<input type="radio"/> \$ 681.00	<input type="radio"/> \$ 741.00	<input type="radio"/> \$ 801.00	<input type="radio"/> \$ 861.00
3 Months	<input type="radio"/> \$ 858.00	<input type="radio"/> \$1,155.00	<input type="radio"/> \$1,304.00	<input type="radio"/> \$1,453.00	<input type="radio"/> \$1,602.00	<input type="radio"/> \$1,751.00
6 Months	<input type="radio"/> \$1,207.00	<input type="radio"/> \$1,678.00	<input type="radio"/> \$1,939.00	<input type="radio"/> \$2,214.00	<input type="radio"/> \$2,489.00	<input type="radio"/> \$2,764.00
Annual	<input type="radio"/> \$1,902.00	<input type="radio"/> \$2,845.00	<input type="radio"/> \$3,318.00	<input type="radio"/> \$3,791.00	<input type="radio"/> \$4,264.00	<input type="radio"/> \$4,737.00
OPTION 4 - \$4,000,000 Commercial General Liability Limit						
Coverage Period	1 Unit or Up to 100 Sq. Ft.	2 Units or 101 - 200 Sq. Ft.	3 Units or 201 - 300 Sq. Ft.	4 Units or 301 - 400 Sq. Ft.	5 Units or 401 - 500 Sq. Ft.	6 Units or 501 - 600 Sq. Ft.
Single Event	<input type="radio"/> \$ 752.00	<input type="radio"/> \$ 871.00	<input type="radio"/> \$ 931.00	<input type="radio"/> \$ 991.00	<input type="radio"/> \$1,051.00	<input type="radio"/> \$1,111.00
3 Months	<input type="radio"/> \$1,108.00	<input type="radio"/> \$1,405.00	<input type="radio"/> \$1,554.00	<input type="radio"/> \$1,703.00	<input type="radio"/> \$1,852.00	<input type="radio"/> \$2,001.00
6 Months	<input type="radio"/> \$1,457.00	<input type="radio"/> \$1,928.00	<input type="radio"/> \$2,189.00	<input type="radio"/> \$2,464.00	<input type="radio"/> \$2,739.00	<input type="radio"/> \$3,014.00
Annual	<input type="radio"/> \$2,152.00	<input type="radio"/> \$3,095.00	<input type="radio"/> \$3,600.00	<input type="radio"/> \$4,113.00	<input type="radio"/> \$4,626.00	<input type="radio"/> \$5,139.00
OPTION 5 - \$5,000,000 Commercial General Liability Limit						
Coverage Period	1 Unit or Up to 100 Sq. Ft.	2 Units or 101 - 200 Sq. Ft.	3 Units or 201 - 300 Sq. Ft.	4 Units or 301 - 400 Sq. Ft.	5 Units or 401 - 500 Sq. Ft.	6 Units or 501 - 600 Sq. Ft.
Single Event	<input type="radio"/> \$ 1,002.00	<input type="radio"/> \$1,121.00	<input type="radio"/> \$1,181.00	<input type="radio"/> \$1,241.00	<input type="radio"/> \$1,301.00	<input type="radio"/> \$1,361.00
3 Months	<input type="radio"/> \$1,358.00	<input type="radio"/> \$1,655.00	<input type="radio"/> \$1,804.00	<input type="radio"/> \$1,953.00	<input type="radio"/> \$2,102.00	<input type="radio"/> \$2,251.00
6 Months	<input type="radio"/> \$1,707.00	<input type="radio"/> \$2,178.00	<input type="radio"/> \$2,439.00	<input type="radio"/> \$2,714.00	<input type="radio"/> \$2,989.00	<input type="radio"/> \$3,264.00
Annual	<input type="radio"/> \$2,402.00	<input type="radio"/> \$3,345.00	<input type="radio"/> \$3,850.00	<input type="radio"/> \$4,363.00	<input type="radio"/> \$4,894.00	<input type="radio"/> \$5,437.00

Contact us for operations with more than 6 units or 600 sq. ft.

Optional Equipment and Contents Coverage

Check here and skip this section if you do not want this coverage option

This optional coverage is available only with six month or annual commercial general liability coverage.

TO AVOID A COINSURANCE PENALTY, YOU MUST INSURE 100% OF THE REPLACEMENT COST OF YOUR EQUIPMENT AND CONTENTS FOR ALL OF YOUR LOCATIONS.

Step 1: Fill in the values to determine your total replacement cost amount for ALL locations

Individually list any items with values over \$5,000	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____

Provide values for categories below
(DO NOT include those values already shown above)

<u>Vendor inventory</u> (such as items held for sale)	\$ _____
<u>Supply inventory</u> (such as equipment, giveaways, paper goods)	\$ _____
<u>Trailer equipment, excluding products</u> (such as detachable trailers, signs, concession equipment, refrigerators, cooking equipment, supplies)	\$ _____
<u>Portable storage units</u> (not permanent structures)	\$ _____
<u>Misc. equipment</u> - please describe: _____	\$ _____

Total replacement value (add all lines above) \$ _____

Step 2: Complete ONLY if your replacement cost value is over \$100,000

1. Please describe the building type your equipment is stored in (e.g.: frame or fire resistive warehouse)

2. Do you have a security system in place: Yes No
 - a. If yes, please describe: _____
3. Is any other operations, besides your own, or equipment of others stored in the same facility in which you store your equipment? Yes No
 - a. If yes, please describe: _____
4. Please attach a complete inventory list with values of each item

Step 3: Calculate premium

(If total calculated premium is less than the minimum premium, the total premium due is the minimum premium)

Optional Equipment and Contents Premium	
<input type="radio"/> My total replacement value is between \$1 - \$10,000 (\$250 deductible will apply)	
$\$0.03 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$ <p style="text-align: center; margin: 0;">Total Replacement Value</p>	$\$ \underline{\hspace{2cm}}$ <p style="text-align: center; margin: 0;">Equipment and Contents Premium (\$100.00 minimum premium applies)</p>
<input type="radio"/> My total replacement value is over \$10,000 (\$1,000 deductible applies to values \$10,001 - \$100,000 and a \$2,500 deductible applies to values over \$100,000)	
$\$0.026 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$ <p style="text-align: center; margin: 0;">Total Replacement Value</p>	$\$ \underline{\hspace{2cm}}$ <p style="text-align: center; margin: 0;">Equipment and Contents Premium (\$100.00 minimum premium applies)</p>

TOTAL COST SUMMARY	Program Cost (Required Coverage)	\$
	Equipment and Contents Premium (Optional Coverage)	\$
	Total Cost Due (add lines above)	\$

COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE/NON-TRANSFERRABLE ONCE COVERAGE BEGINS. COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT AND A FULLY COMPLETED ENROLLMENT FORM. NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL THE ACCURATE PAYMENT IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE. CANCELLATIONS/CHANGED CAN ONLY BE MADE BY THE NAMED INSURED.

FOR K&K USE ONLY	UW Rec: ___/___/___ Status: N R Broker: Y N Comm: ___% OPS Rec: ___/___/___
	GL Exp Policy #: _____/CP #: _____ Exp Dates: ___/___/___ to ___/___/___
	IM Exp Policy#: _____ Exp Dates: ___/___/___ to ___/___/___
	SAM IM D&O GL Option: _____ Delivery: M F E Date: ___/___/___ Pay Plan: ___ Bill: AB AD CBG
	Opt Form: 2026 2011 8016 8018 876 2404 Comments: _____
	GL Policy #: _____/CP #: _____ GL Prem: _____ Eff Date: ___/___/___ to ___/___/___
	IM Policy #: _____ IM Prem: _____ IM Eff Dates: ___/___/___ to ___/___/___
D&O Policy #: _____ D&O Prem: _____ Insured #: _____	

COVERAGE EXCLUSIONS	<p>The following exclusions are contained in the commercial general liability coverage provided by this program: Abuse, molestation, harassment or sexual conduct; Aircraft/hot air balloon; Airport (the ownership, operation, maintenance, or use of any airfield or airport facility or premises. This exclusion does not apply to concessionaires, exhibitors, or vendors selling, displaying, demonstrating or promoting their products or services at any airfield or airport facility or premises); Amusement devices (the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, water slide, any inflatable recreation device, any bungee operation or equipment, any vertical device or equipment use for climbing- either permanently affixed or temporarily erected, or dunk tank. Amusement device does not include any video arcade or computer games or structures that are not designed to bounce on, slide on, ride on or tunnel through); Animals (injury or death to any animal, or injury, death or property damage caused by an animal owned, rented or hired by you); Asbestos, Commercial general liability standard exclusions (CG 0001 04/13 edition); Employment-related practices; Fireworks; Fungi or bacteria; Lead; Nuclear energy liability; Performers; Rodeos; Saddle animal; Snowmobile; Violation of statutes that govern emails, faxes, phone calls or other methods of sending materials or information; Those operations listed as ineligible: Alcoholic beverages-selling or furnishing; Animals, Auto parts (mechanical); Body piercing or permanent tattooing; Christmas tree retail lots; Contractors (lighting, stage, sound, etc.); Cryogenic chambers/therapy; E-commerce selling; Fire safety equipment; Fireworks sales and displays, Haunted attractions; Hot wax impressions; Leasing/rental operations; Mazes (corn/hay/fence); Medical testing; Motor sports activities; Nutritional or health supplement products (selling); On-site installations, service or repair of products; On-site equipment sales and rental; Oxygen or aromatherapy bars; Paintball equipment/accessories; Photographers (unless for a single event home-based photographer); Protective equipment or apparel; Storefront operations; Tobacco products (including e-cigarettes/vapor products); Toys (for ages 4 and under); Unmanned aircraft systems (e.g.: drones, RC aircraft); Vehicles in motion; Watercraft exhibits on water; Weapon sales; Weight loss plans or products (selling); Wholesale business operations; Art exhibits over 10 feet or occupying more than 100 sq. feet (unless reviewed and approved by the program administrator)</p>
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K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-800-328-2317 • Fax 1-260-459-5502
Website www.kandkinsurance.com
 K&K Insurance Group, Inc. is a licensed insurance producer in all states (TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

Electronic Disclosure and Consent and Warranty and Compensation
PLEASE READ, COMPLETE #9 BELOW, AND SIGN ON PAGE 10

Electronic Signature Disclosure and Consent

The Electronic Signatures in Global and National Commerce Act (15 U.S.C. § 7001, et seq.) provides that a signature, contract or other record may not be denied legal effect, validity or enforceability solely because it is in electronic form or because an electronic signature was used in a transaction.

K&K Insurance Group (K&K), whether on its own behalf, and/or on behalf of an insurer and/or third parties, may utilize the internet, email, cloud services, digital storage, digital media or similar electronic means to transmit Policy Documents to its clients. This Agreement informs you of your rights when we are delivering and you are receiving such documents from us electronically.

By agreeing to proceed with this transaction, you acknowledge and consent to the following:

1. I hereby voluntarily consent to proceeding with this transaction, and all subsequent actions related to this transaction, electronically.
2. I understand that further documents relating to this insurance purchased through K&K, including but not limited to correspondence, communications, confirmations, requests for premium payments and policy documents, may, to the extent permitted by law, be transmitted by electronic means to me, including by e-mail sent to the e-mail address I have provided as part of this transaction and/or my on-line registration. I consent to such documents being provided to me electronically.
3. Notwithstanding paragraph 2, any notice of cancellation shall be sent to me by mailing to the address I have provided as part of my registration and/or application for insurance, or to such other address for which I have provided notice pursuant to the terms of the policy.
4. Any change or revision to the e-mail address or other electronic contact information which I have provided as part of this transaction and/or my on-line registration process shall be requested by me by logging onto this website, or by mailing a written notice to: K&K Insurance; 1712 Magnavox Way; Fort Wayne, IN 46804.
5. I understand that I have the right to obtain a paper copy of any electronic record provided to me pursuant to this transaction or any subsequent transaction involving my coverage by mailing a written request to the address provided in paragraph 4.
6. In order to access the electronic records provided, the following hardware and software are required: (a) a personal computer or other device through which Internet access is available, (b) an Internet connection, (c) an e-mail account with an Internet service provider, and (d) Adobe Acrobat Reader.
7. I understand that I have the right and option to withdraw my consent to the receipt of further electronic documents at any time, by mailing a written request to the address provided in paragraph 4. By withdrawing my consent to electronic delivery of documents I understand that I will receive a paper copy of future policy documentation.
8. Information relating to this transaction is subject to the terms of our privacy statement, a copy of which is provided at www.kandkinsurance.com.
9. DOCUMENT DELIVERY. After this enrollment form is approved, you will receive a certificate of insurance showing evidence that coverage has been bound. When submitted through an insurance agent or broker, this coverage document will only be delivered to them. Additional certificate requests will be issued to the same person. Please select preferred method for document delivery. Providing an email address in this application will be deemed consent to us to deliver documents and communication to you electronically.

<input type="radio"/> E-mail to: _____	attn: _____
<input type="radio"/> Fax to: _____	attn: _____
<input type="radio"/> Mail to: _____	attn: _____

IMPORTANT INFORMATION. PLEASE READ AND SIGN.

IMPORTANT INFORMATION. PLEASE READ AND SIGN.

Warranty and Disclosure Statement: I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I am aware that the insurance company expects accurate reporting for my premium calculation, and should my figures exceed my estimates during the coverage term I will make arrangements to pay the additional premium. I understand that my book and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage. K&K reserves the right to decline/void any ineligible coverage.

I further acknowledge that, I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided.

Compensation and Other Disclosure Information: K&K Insurance Group, Inc. ("K&K") is an insurance producer licensed in your state. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction involves one or more of these activities. Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In addition, K&K may charge a fee for administrative services. Your signature on your application, quote form, check, credit card and/or other authorization for payment of your premium, will be deemed to signify your consent to and acceptance of the terms and conditions including the compensation, as disclosed above, that is to be received by K&K. The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and compensation expected to be received based in whole or in part of any alternative quotes presented to the purchaser by the producer, by emailing a written request to warranty@kandkinsurance.com.

In addition, premiums paid by clients to K&K for remittance to insurers, client refunds and claim payments paid to K&K by insurance companies for remittance to clients are deposited into fiduciary accounts in accordance with applicable insurance laws until they are due to be paid to the insurance company or Client. Subject to such laws and the applicable insurance company's consent, where required, K&K will retain the interest or investment income earned while such funds are on deposit in such accounts.

In placing, renewing, consulting on or servicing your insurance coverages K&K and its affiliates may participate in contingent commission arrangements with insurance companies that provide for additional contingent compensation, if, for example, certain underwriting, profitability, volume or retention goals are achieved. Such goals are typically based on the total amount of certain insurance coverages placed by K&K with the insurance company or the overall performance of the policies placed with that insurance company, not on an individual policy basis. As a result, K&K may be considered to have an incentive to place your insurance coverages with a particular insurance company. Where K&K participates in contingent commission arrangements with insurance companies, K&K may be entitled to additional commission in the range of 0 to 5% depending upon whether and when specified thresholds are achieved.

Our liability to you, in total, for the duration of our business relationship for any and all damages, costs, and expenses (including but not limited to attorneys' fees), whether based on contract, tort (including negligence), or otherwise, in connection with or related to our services (including a failure to provide a service) that we provide in total shall be limited to the lesser of \$2,500,000 or the singular annual limit of the policy of insurance procured by us on your behalf from which your damages arise.

This liability limitation applies to you, our client, and extends to our client's parent(s), affiliates, subsidiaries, and their respective directors, officers, employees and agents (each a "Client Group Member" of the "Client Group") wherever located that seek to assert claims against K&K, and its parent(s), affiliates, subsidiaries and their respective directors, officers, employees and agents (each a "K&K Group Member" of the "K&K Group"). Nothing in this liability limitation section implies that any K&K Group Member owes or accepts any duty or responsibility to any Client Group Member.

If you or any of your Group Members asserts any claims or makes any demands against us or any K&K Group Member for a total amount in excess of this liability limitation, then you agree to indemnify K&K for any and all liabilities, costs, damages and expenses, including attorneys' fees, incurred by K&K or any K&K Group Member that exceeds this liability limitation.

Aon Corporation, our ultimate parent company, and its affiliates have from time to time sponsored and invested in insurance and reinsurance companies. While we generally undertake such activities with a view to creating an orderly flow of capacity for our clients, we also seek an appropriate return on our investment. These investments, for which Aon is generally at-risk for potential price loss, typically are small and range from fixed-income to common stock transactions. In such case, the gains or losses we make through your investments could potentially be linked, in part, to the results of treaties or policies transacted with you. Please visit the Aon website at http://www.aon.com/market_relationships for a current listing of insurance and reinsurance carriers in which Aon Corporate and its affiliates hold any ownership interest.

Applicant business name (from page 4): _____

Applicant or agent signature: _____ **Date:** _____

Printed name: _____ **Title:** _____

If an agent: Check here to acknowledge you are signing on behalf of the named insured

AGENTS: YOU MUST CONTINUE TO NEXT PAGE AND COMPLETE AGENT WARRANTY SECTION
Enrollments cannot be accepted unless this section is completed

AGENTS:

Please complete the information below.

Agency name: _____ Agent/contact name: _____

Agency complete mailing address: _____
Address City State Zip

Agency telephone: (____) _____ Agency fax: (____) _____

Agent/contact e-mail address: _____ Tax I.D. _____

I represent and warrant as an insurance producer that I currently maintain, and will maintain, all individual, corporate or agency licenses or permits to conduct insurance business in the state coverage for this insured is being written. I further represent and warrant that I currently maintain errors and omissions insurance with a minimum limit of \$1,000,000 for myself, my officers, and employees. If requested by K&K, I will provide K&K with reasonably satisfactory evidence of all of the above mentioned items.

I understand there are no commissions included in this program unless purchased online at www.eventinsurance-kk.com. A fee may be separately charged, subject to state insurance regulations. Fees cannot be included in the payment remitted to us.

I understand that agents do not have authority to issue binders or a certificate of insurance on behalf of this program.

Agent signature: _____ **Date:** _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK Any person knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS Any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application

for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

PAYMENT OPTIONS

Submit a completed enrollment (including signed Warranty Statement) and payment to:

Applicant business name: _____ Effective date: _____

PAY BY ACH (Bank Account):

• **E-mail** info@eventinsurance-kk.com

or

• **Fax** 1-260-459-5502

I (we) authorize K&K Insurance Group to initiate a single electronic debit from the account shown below:

Name on Bank Account: _____ Bank Name: _____

Draft Amount : \$ _____ Checking, or Savings

Bank Account Routing/Transit Number* _____ Bank Account Number* _____

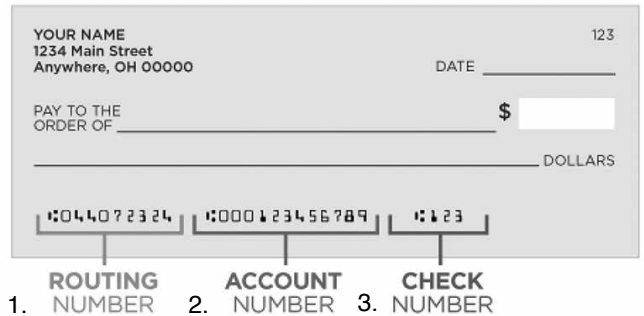
*See below for an explanation of where to locate these two sets of numbers on your bank check.

_____ Date: _____
 Authorized Signature(s)/Not required if authorization by phone

_____ Date: _____
 Authorized Signature(s)/Not required if authorization by phone

EXPLANATION OF CHECK NUMBERS

1. Bank Routing/Transit Number - This is a nine digit number separated by a bar and a colon |: 123456789 |:
2. Account Number - This number may appear as the second, first or third series of numbers. Please read carefully.
3. Check Number - Matches number in the upper right corner of check. NOT REQUIRED FOR ACH.



PAY BY CHECK: (Payable to K&K Insurance Group)

- **Mail**
 - Regular Mail

K&K Insurance
 Event RPG Program
 P.O. Box 2338
 Fort Wayne, IN 46801-2338
 - Overnight Mail

K&K Insurance
 Event RPG Program
 1712 Magnavox Way
 Fort Wayne, IN 46804

PAY BY CREDIT CARD:

- **Fax only** 1-260-459-5502
 - VISA MASTERCARD DISCOVER AMERICAN EXPRESS
- Card number: _____
 CSC # (card security) code: _____ Expiration date: _____
 I authorize K&K Insurance Group, Inc. to charge my payment to my credit card in the amount of \$ _____
 Print name (as on card): _____
 Cardholder signature: _____
 Cardholder phone number: (____) _____

FATCA Notice: Please go to Aon.com/FATCA to obtain appropriate W-9.



EVENT & VENUE

41ST Annual EOS/ESD Symposium & Exhibits

September 14-19, 2019
 Riverside Convention Center
 Exhibit Hall A & B
 Riverside, CA



IMPORTANT DATES

ADVANCE ORDER DISCOUNT DEADLINE

All orders must be received with payment in full by this date to receive discounted pricing.

August 19, 2019

ADVANCE SHIPMENT RECEIVING

Warehouse will begin receiving advance shipments.

August 16, 2019

ADVANCE SHIPMENT DEADLINE

Last day for Advance Shipments to arrive at Warehouse without surcharges.

September 12, 2019



SCHEDULE

EXHIBITOR MOVE IN

September 16, 2019
 9:00am – 4:00pm

SHOW HOURS

September 16, 2019
 6:00pm – 9:00pm

September 17, 2019
 9:30am – 5:30pm

September 18, 2019
 8:30am – 1:30pm

EXHIBITOR MOVE OUT

September 18, 2019
 1:30pm – 4:30pm

OUTBOUND SHIPPING AGREEMENT DEADLINE

All exhibitors must submit outbound Material Handling Agreement to the Exhibitor Service Desk.

September 18, 2019
 4:30pm

CARRIER CHECK-IN DEADLINE

September 18, 2019
 3:30pm

RE-ROUTE DEADLINE

Shipments not picked up by the exhibitor's carrier and/or remaining on the exhibit floor will be re-routed at this time.

September 18, 2019
 4:30pm



BOOTH EQUIPMENT

Exhibitors have the opportunity to choose **ONE** booth package option (per booth space) from the (4) booth packages provided below. Your booth package can be selected by clicking the “Furniture and Service Bundles” link in the Departments toolbar on the left side of the Alliance Online ordering portal. All booth package confirmations must be selected and submitted by **Tuesday, September 3, 2019**, or Package A will automatically be ordered for the booth.

PACKAGE A

- 1 – 6’ White Skirted Table
- 2 – Side Chairs
- 1 – Wastebasket
- 1 – Booth ID Sign

PACKAGE B

- 1 – 8’ White Skirted Table
- 2 – Side Chairs
- 1 – Wastebasket
- 1 – Booth ID Sign

PACKAGE C

- 1 – 6’ White Skirted Counter
- 2 – Stools
- 1 – Wastebasket
- 1 – Booth ID Sign

PACKAGE D

- 1 – Bistro Table, 30”D x 40”H
- 2 – Stools
- 1 – Wastebasket
- 1 – Booth ID Sign

CARPET

The Exhibit Hall is carpeted.



MATERIAL HANDLING

ADVANCE SHIPMENTS

Exhibiting Company Name/Booth #
41st Annual EOS/ESD Symposium & Exhibits
c/o Alliance Exposition/UPSF/Crane Freight &
Cartage
8721 Merrill Ave.
Chino, CA 91710

Shipments should arrive between **Friday, August 16, 2019** and **Thursday, September 12, 2019**.

All shipments received outside these dates will be subject to a late fee.

Shipments that arrive at the warehouse after **Thursday, September 12, 2019** cannot be guaranteed to arrive before show opening. Additional handling charges will be added for expedited trucking and freight

Please view rates and **pre-order Material Handling service prior to shipping**

Print **Advance Warehouse Shipping Labels** by clicking on the **Shipping** link in the left hand menu of the Alliance Online ordering portal.

DIRECT SHIPMENTS

Exhibiting Company Name/Booth #
41st Annual EOS/ESD Symposium & Exhibits
c/o Alliance Exposition
Riverside Convention Center
Exhibit Halls A & B
3637 Fifth St.
Riverside, CA 92501

Direct shipments will be accepted on **Monday, September 16, 2019**. Receiving will take place only during exhibitor move-in hours.

Please view rates and **pre-order Material Handling service prior to shipping**

Print **Direct to Showsite Shipping Labels** by clicking on the **Shipping** link in the left hand menu of the Alliance Online ordering portal.

For assistance, please contact Exhibitor Services at **888.528.2011** or **ExhibitorAssistance@alliance-exposition.com**.

2020 Information

EOS/ESD Symposium Booth Selection Time Schedule
Please provide this information to the appropriate person.

Bring a Credit Card or Check with you for space deposit of \$500 per booth.

Time Schedule
Wednesday, September 26, 2018

Exhibitor Lounge

Block 1	10:00 – 10:20
Block 2	10:20 – 10:40
Block 3	10:40 – 11:00
Block 4	11:00 – 11:20
Block 5	11:20 – 11:40

To keep each time block on schedule, please have your booth strategy planned before arrival.

If you have questions concerning this process please contact:

Lisa Pimpinella, Executive Director, +1-315-339-6937, lpimpinella@esda.org

2020 EOS/ESD Symposium Exhibitors - Points & Booth Selection Notice

Exhibitor	Points	Exhibitor	Points
ACL Staticide, Inc.	41- BLK 1	Shenzhen Btree Industrial Co., Ltd.	6 - BLK 2
Advanced Test Equipment Rentals	7 - BLK 4	Silicon Frontline Technology, Inc.	7 - BLK 5
ANSYS, Inc.	7 - BLK 4	Simco-Ion	41 - BLK 1
Barth Electronics, Inc.	26- BLK 2	StaticStop, a division of SelecTech, Inc.	6 - BLK 5
Botron Company, Inc.	22 - BLK 2	Statico	22 - BLK 3
Clean Control Tech Corp	2 - BLK 5	Synopsis, Inc.	3 - BLK 5
Conductive Containers, Inc.	41 - BLK 1	Tech Wear, Inc	27 - BLK 2
Core Insight, Inc.	5 - BLK 5	Thermo Fisher Scientific	35 - BLK 1
Dangelmayer Associates, LLC	10 - BLK 4	Transforming Technologies	13 - BLK 3
Desco Industries, Inc.	41 - BLK 1	Trek Inc An Advacned Energy co	33 - BLK 2
Dou Yee Enterprises Pte. Ltd.	15- BLK 3		
Electro-Tech Systems, Inc.	41 - BLK 1		
ESDEMC Technology, LLC	9 - BLK 5		
Estatec, LLC	5 - BLK 5		
Estion Technologies GmbH	8 - BLK 5		
Gibo/Kodama Chairs	29- BLK 2		
Grund Technical Solutions, Inc.	12- BLK 3		
HANWA Electronic Ind. Co., Ltd.	15 - BLK 3		
HPPI GmbH	11 - BLK 3		
In Compliance Magazine	11 - BLK 3		
Lubrizol Engineered Polymers	30- BLK 2		
Magwel	6 - BLK 5		
Megalin Source International Co., Ltd	11 - BLK 3		
Mentor Graphics Control	12 - BLK 3		
MG Chemicals	1 - BLK 5		
Modern Dispersions, Inc	4 - BLK 5		
NOID Corporation	1 - BLK 5		
NRD, LLC	30 - BLK 2		
Higain Limited T/A Phasix ESD	4 - BLK 5		
Premix Oy	10 - BLK 4		
Prostat Corporation	25 - BLK 2		



CORPORATE SPONSORSHIP PROGRAMS

Corporate Sponsor Program packages provide multiple marketing and advertisement opportunities for companies who are interested in promoting your organization and supporting EOS/ESD Association, Inc. programs and events. We hope you will embrace the opportunity to sponsor our organization, and in return we will provide great advertising value as outlined in the Corporate Sponsorship levels below. Once you decide the sponsorship level that is appropriate for your company, please contact EOS/ESD Association, Inc. at info@esda.org. You will then receive a letter of confirmation to detail your support.

Platinum Sponsorship \$5,000.00 (USD)

	Value
ESD Symposium 10x10 Booth Space	\$1,850
Symposium Event Sponsorship	\$1,500
Name and Logo on ESDA website	Priceless
Institutional Listing in Threshold	\$600
Website Buyers Guide Listing with Link	\$300

Gold Sponsorship \$2,750.00 (USD)

	Value
ESD Symposium 10x10 Booth Space	\$1,850
Symposium Break Sponsorship	\$625
Institutional Listing in Threshold	\$600
Website Buyers Guide Listing with Link	\$300

Silver Sponsorship \$1,000.00 (USD)

	Value
Institutional Listing in Threshold	\$600
Website Buyers Guide Listing with Link	\$300
Symposium Exhibitor Directory Ad	\$200

**TO BECOME A CORPORATE SPONSOR PLEASE VISIT:
WWW.ESDA.ORG/MEMBERSHIP/CORPORATE-SPONSORSHIP/**

Corporate Sponsor Program Benefit Descriptions

EOS/ESD Symposium 10x10 Booth Space — Booth rental includes draped space, one draped 6ft table, 2 chairs, booth sign, one full Symposium registration and five limited Symposium registrations, copy of attendee roster, listings in Exhibits Directory, Preliminary Program, and on the EOS/ESD Association, Inc. website.

Event Sponsorship at the EOS/ESD Symposium — Your company name and logo will be prominently displayed at all Tutorial Lunches (3 lunches: Sunday, Monday, Thursday), Breaks (10 breaks: Sunday, Monday, Tuesday, Wednesday, Thursday), Welcome Reception (Monday evening in the exhibit hall), Opening Breakfast (Tuesday morning), and in the opening slides at breakfast.

Name and Logo on ESDA website — Your company name and logo will be prominently displayed as a platinum sponsor on a special sponsorship page of the EOS/ESD Association, Inc. website with a hot link to your company's web site and detailed information regarding your products or services.

Website Buyers Guide Listing — You will receive one listing on the Buyers Guide section of the EOS/ESD Association, Inc. website, www.esda.org. Your company will be searchable via specific product, geographic location, or by name. The Buyers Guide is accessible to members and non-members visiting the site. The Buyers Guide also features a hot link to your company's web site for specific, detailed information regarding your products or services. Your listing will run for one year.

Institutional Listing in Threshold — Threshold, EOS/ESD Association, Inc.'s bi-monthly newsletter, is available to all EOS/ESD Association, Inc. website users. The Threshold PDF file will include your company's listing. To enhance your company's exposure, your listing will include a hot link to your company's web page. Your listing runs for one year or 6 consecutive issues.

EOS/ESD Symposium Exhibitor Directory Ad — Your company will be entitled to place one full-page color ad in the EOS/ESD Symposium Exhibitor Directory, which will be distributed at the annual EOS/ESD Symposium.

Break Sponsorship at the EOS/ESD Symposium — Your company name and logo will be prominently displayed (e.g., coffee break sponsored by Acme Company) at each sponsored symposium break (10 breaks: Sunday, Monday, Tuesday, Wednesday, Thursday)

ESDA Corporate Sponsor Logo Use



This logo can be used by EOS/ESD Association, Inc. corporate sponsors to indicate their company sponsorship. This right is in effect for the period of their corporate sponsor program. It cannot be used in any way which could imply product, process or services endorsement.

