

Exhibitor Form

2026 WESTERN CHAPTER ISA CONFERENCE & TRADE SHOW

Company Name/Billing Contact Person

Phone Number

Street Address

Fax Number

City, State, Zip Code

Website

Please list the Onsite Representative name as it will appear on name badge:

Name (1) For Full Registration

Email

Special Meal Request: ☐ Vegetarian ☐ Vegan ☐ Gluten-free ☐ Other: _____

Will you be attending the Banquet on April 29, 2026? ☒ Yes ☐ No

Additional Onsite Representative(s) - Subject to a fee of \$350.00 per registrant (includes continental breakfasts, breaks and lunches)

Note: Limit of two per booth (additional representatives will need to register as a conference attendee)

Name (1) For 1st Additional Representative

Email

Special Meal Request: ☐ Vegetarian ☐ Vegan ☐ Gluten-free ☐ Other: _____

Name (2) For 2nd Additional Representative

Email

Special Meal Request: ☐ Vegetarian ☐ Vegan ☐ Gluten-free ☐ Other: _____

Please list any special needs or requests (additional charges may apply): _____

****Additional fee required for electrical and other a/v requests (order form available online).**

Desired Booth space: Choice one: _____ Choice two: _____ Choice three: _____

Please state the business name you would like on your sign: _____

TYPE EXHIBIT:

- ☐ Indoor exhibit space @ \$1000.00 \$ _____
Includes one full conference registration
- ☐ Add outdoor exhibit space @ \$500.00 \$ _____
- ☐ Outdoor exhibit space only @ \$1000.00 \$ _____
- ☐ Additional outdoor exhibit space @ \$500.00 (limit of 1) \$ _____
- ☐ Additional Representative – \$350.00/each (limit of 2) \$ _____
includes breakfasts, breaks and lunches
- ☐ Banquet ticket – \$125.00 \$ _____
- ☐ Educational exhibit space – \$75.00 \$ _____
- ☐ Sponsorship Donation \$ _____

TOTAL AMOUNT \$ _____

Circle one: CHECK VISA MC AMEX (make checks payable to WCISA)

Credit Card Number: _____ CVV: _____ Exp: _____

Name on Card: _____

Billing Street Address: _____ City, State, Zip: _____

Authorized Signature

Date

Total amount is due with registration. All booth space will be allocated on a first-paid, first-choice basis.

Return completed form with check or credit card information to: Western Chapter ISA, 31910 Country Club Drive, Porterville, CA 93257. Forms may be faxed to 559/784-8711