



Submit with payment to:

MAIL: CPPA, 2905 South Ketterman Rd
Oak Grove, MO 64075
FAX: 877.572.8891
EMAIL: Tiffany@cpga.biz

2019 EXHIBITOR REGISTRATION

February 6, 2019 – Live! Casino and Hotel, Hanover, MD

SECTION 1: Exhibitor Information

Organization _____
First name _____ Last name _____
e-Mail _____ Phone _____
Company Address _____ City _____
State _____ Zip _____ Web _____
PPAI Number _____ ASI Number _____ SAGE Number _____

SECTION 2: Show Directory Information

(Company listing will be taken from above. If contact listing should be different from above, please indicate that here)

Contact Person Name _____ (if different from above)
Contact Person Phone _____ Contact Person email _____

SECTION 3: Exhibiting Rep Information (If different from above)

First name _____ Last name _____
e-Mail _____ Cell Phone _____

SECTION 4: Extra Badges

Name _____ Company _____
Name _____ Company _____

SECTION 5: Extra Lunches (\$30 each)

One lunch is included with each registration. If you are anticipating having additional booth personnel, please select an extra exhibitor lunch here:

_____ Yes, I need extra lunches x \$30 each = (# of extra lunches needed) _____

SECTION 6: Select Exhibit Space (select your choice below)

- _____ 6' x 2' space (no table included) **\$400.00**
- _____ 6' x 2' space (Includes one 6' table) **\$400.00**
- _____ 8' x 2' space (Includes one 6' table and 2' of floor space) **\$500.00**
- _____ 12' x 2' space (Includes two 6' tables) **\$650.00**
- _____ 12' x 2 space (Includes one 6' table and 6' of floor space for display) **\$650.00**
- _____ 18' x 2' space (Includes three 6' tables) **\$875.00**
- _____ 24' x 2' space (Includes four 6' tables) **\$1,100.00**
- _____ 30' x 2' space (Includes five 6' tables) **\$1,325.00**

SECTION 7: Extras (select your choices below if desired)

- _____ Electricity **\$75.00**
- _____ Additional Peake Award Tickets **\$30 each** = (# of Tickets needed) _____
The Peake awards are held the day before the show after set-up. One ticket is included in your contract

SECTION 8: Sponsorship

- _____ Premier Sponsor **\$400.00**
 - Premium Placement on show floor
 - Logo on event signage and printed materials
 - Right of refusal on product sponsorship
- _____ Product Sponsor – No Cost
 - Preferred Placement on show floor
 - Name on product sponsor signage
 - Logo on floorplans and directory
- _____ New Product Table x **\$25.00** per item (# of items you would like to display) _____
- _____ VIP Forum Presenter **\$75**
 - Please select if you would like to be 1 of 10 suppliers featured in the VIP Forum
 - You will have 8-10 minutes to highlight any new items or share case studies

SECTION 9: Special Requests (we will do our best)

SECTION 10: Multi-lines

Please list lines to be represented on the show floor here

SECTION 11: 2018 Membership Would you like to include your 2019 CPPA dues in your show contract?

_____ Yes, please. \$125.00

_____ No thanks - Charge me the non-member fee \$125.00

_____ I already renewed. \$0.00

SECTION 12: Exhibitor Agreement

Signature Required

CLICK THIS LINK TO REVIEW: [CPPA Exhibitor Rules and Regulations](#)

All exhibitors must agree to the exhibitor contract requirements. Please sign above indicating that you have read the [CPPA Exhibitor Rules and Regulations](#) and you agree to the terms.

SECTION 13: Calculate amount due with contract

Exhibit Space Cost \$ _____ (Section 6)

Electricity \$ _____ (Section 7)

Peake Awards Tickets \$ _____ (Section 7)

Extra Lunches \$ _____ (Section 5)

Sponsorship \$ _____ (Section 8)

Membership Dues \$ _____ (Section 10)

TOTAL DUE \$ _____

Contracts may be submitted without full payment. Full payment is due one week prior to event date.

SECTION 14: PAYMENT (Tables will be assigned upon receipt of payment)

OPTION 1: _____ Pay by check Check # _____ Circle one: check enclosed check forthcoming

OPTION 2: _____ Pay by credit card now

_____ Pay by credit card on _____
(You may specify date to be processed no later than Jan 30, 2019)

CC Number _____

Expiration Date _____ CVC Code _____ Amount \$ _____

Name on Card _____

Billing address of card _____

Phone Number _____ Email for receipt _____

Signature _____

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Receipt of contract will be confirmed. If you submit contract and do not receive confirmation, please email Tiffany at Tiffany@cpga.biz or call 410.562.0609