



**SCHOOL
NUTRITION
ASSOCIATION
OF OKLAHOMA**

Making the right food choices, together.

School Nutrition Association of Oklahoma 71st Annual Conference

Renaissance Tulsa Hotel & Conference Center

6808 S.107th East Avenue Tulsa, OK 74813 • 918-307-2600

**June 28 -30
2017**

CONTACT

O.J. Harper Show Chair
580-618-3043
1100 E. Oklahoma Ave
Sulphur, OK 73086
oharper@osd.k12.ok.us
Liz Glaser Co-chair
glasel@pcps.us

SCHEDULE OF EVENTS

Wed. June 28th 7:30am Golf
Wed. Set- up 12:00-6:00pm
Wed. Bowling 7:00 pm
Thurs. Additional set-up 7:00-9:45
10:30AM – 2PM Exhibits Open
10:30AM – 11:30AM Directors / Buyers
11:30AM – 2PM All Attendees

10'X10' BOOTH FURNISHINGS

1 Exhibitors identification sign
1 Color coordinated skirted display table
2 Chairs
1 Electrical connection if needed

NOTE THE FOLLOWING INFORMATION:

Giving samples of your products should not interfere with other exhibitors' space or aisle. Please plan for compliance with normal Oklahoma State Health Department requirements for safe food handling techniques. "End-cap" booths will be assigned on a "first-come, first-serve" basis to exhibitors reserving four or more booths. Other requests may be honored following assignments to multi-booth exhibitors. End-cap assignments may be "reassigned" if full payment has not been made prior to the due date. Each firm, company or business shall complete a contract for each booth space purchased. Brokers may purchase as many booths as necessary. Please no more than two manufacturers per booth. Sponsorships may be considered when booth assignments are determined. Booth assignments will be made according to postmarked date of receipt of contract. Your company name will also be listed in the convention program if your application and payment are received by the **deadline, June 12, 2017. Payment must be received before booth will be assigned.** Registration payment includes one (1) year associate membership & copy of OK school contact information. **Credit Card processing is NOT available.**

MAIL REGISTRATION WITH CHECK

Make check payable to:

***VENDOR INFORMATION**

*Company:

School Nutrition Association of Oklahoma

Mail to:

O.J. Harper

Oklahoma School for the Deaf
2017 Conference Exhibit Chair
1100 E. Oklahoma Ave.
Sulphur, Ok 73086

*Address:

*Office Phone:

*Cell Phone:

Broker contact if any:

*Email:

*Contact Name:

(please use company name for booth)

(return a copy of this contract with check)

***Required**

CONFERENCE FEES

Booth(s): _____ X \$700.00ea = _____

Sponsorship: _____

TOTAL _____

Please refer to sponsorship information

ELECTRICAL NEEDS: Yes___or No___

AGREEMENT

I, _____ agree to the conditions and provisions set forth in the contract.

Dated this _____ 2017.