## **2016 EXHIBIT REQUEST FORM**

| $\stackrel{\checkmark}{\checkmark}$ Yes, we would like  | ke to exhibit at the 42 <sup>nd</sup>  | Annual COSA Confe                     | erence. We request the                  | e following:                |
|---|--|---------------------------------------|---|-----------------------------|
| Exhibit Hall \$650 (1-31) Space # Requested:            | Convention Hall \$575<br>(32-63)<br>Space # Requested:                               | Lobby <b>\$700</b> Space # Requested: | Entry Lobby \$800<br>Space # Requested: | Upstairs Lobby <b>\$650</b> |
| (Exhibit Spaces are av<br>different<br>Priorit          | vailable on a first-come, t<br>exhibit spaces on the at<br>y Consideration will be g | tached map, and listing               | them in the order of you                | ır choice.)                 |
| ease describe your ty                                   | pe of service/product a  | nd give a description                 | of your display:                        |                             |
| Enclosed, please fire                                   | nd our check for \$100 and our check for \$  | •                                     | ull for the requested ex                |                             |
| COSA and the So<br>Convention Cent<br>Assume no liabili | ter Signature  |                                       |   |                             |
| responsibility for<br>safety of the pro                 | perty  | Name (as you want it to appe          |   |                             |
| of exhibitors froi<br>theft, damage by                  | n  | ldress (Street, PO Box, City, S       | Fax                                     | Email                       |
| water, storm,<br>vandalism or oth                       |  | ative(s) at the conference            |   |                             |
| causes, but will t<br>reasonable                        | Representa   | ntive(s) address, phone and en        | nail                                    |                             |
| precautions to pathe exhibits from                      | 1  | ative(s) at the conference            | anil                                    |                             |
| such.   | Kepresenta   | ilive(s) address, prione and en       | ıdii                                    |                             |

## Please return this form to:

Confederation of Oregon School Administrators

Attn: Sera Lockwood

707 13<sup>th</sup> Street SE, Suite 100, Salem, OR 97301-4035

Phone: (503) 480-7212 Fax: (503) 334-1268 email: sera@cosa.k12.or.us