



**California Nations Indian Gaming Association
15th Annual Western Indian Gaming Conference January 13 & 14, 2010
Palm Springs Convention Center, Palm Springs, Ca.
Exhibitor Registration Form**

A: Company Name _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Email: _____

Contact person: _____

B: Exhibit Costs per 10 x 10 booth space – Show dates are January 13 & 14, 2010

Associate Members and Return Exhibitors

1 Booth: \$2,500 per booth

2 – 4 Booth: \$2,150 per booth

5 – More Booths: \$1,950 per booth

First Time Exhibitors

1 Booth: \$3,000 per booth

2 - 4 Booths: \$2,750 per booth

5 – More Booths: \$2,450 per booth

*If island space is required, vendor must purchase one additional booth – no exceptions

Please reserve _____ (Qty) booths @\$ _____ per 10 x 10 booth space = \$ _____

We WOULD LIKE to be near the following exhibitors: _____

We DO NOT wish to be near the following exhibitors: _____

***Note: The Western Indian Gaming Conference will attempt to comply with your request(s); however, in no way is guarantee implied since WIGC reserves the right to assign all space. All WIGC decisions are final.

***Each 10 x 10 booth comes with a total of four badges: two full conference and two trade show only

Location preferences: (reference to floor plan numbers)

Booth Location: 1st Choice # _____ 2nd Choice # _____ 3rd Choice # _____

Associate Members and major sponsors are given first priority of booth selection. Return vendors are given second priority. **No booth assignments will be made until complete payment is received.*

C: Method of Payment _____ Visa _____ MasterCard _____ AmEx

Card # _____ Exp. _____ Security Code: _____

Print name as it appears on card:

Name: _____ Signature: _____

Enclosed is payment of \$ _____, check made payable to CNIGA address below

D: Signature and Agreement

To ensure accuracy and efficiency, application will not be processed and booth assignment will not occur until full payment is received. I/We understand that all spaces will be allocated in accordance with the procedures in the exhibitor guidelines and that all decisions by WIGC/CNIGA are final. My signature, on behalf of myself and the organization I represent, constitutes agreement to abide by all requirements, restrictions, and obligations noted on this form and on the rules and regulations provided. Application will not be processed without signature and payment. **No refunds will be made.**

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

1415 L Street Suite:1080 Sacramento, CA 95814 Phone: 916-448-8706 Fax: 916-448-8758 Email: vicki@cniga.com