



**SCHOOL  
NUTRITION  
ASSOCIATION  
OF OKLAHOMA**

*Making the right food choices, together.*

## **School Nutrition Association of Oklahoma 73<sup>rd</sup> Annual Conference**

Embassy Suites Hotel & Conference Center  
2501 Conference Dr, Norman, OK 73069 1-405-364-8040

**June 18, 19, 20  
2019**

### **CONTACT**

Liz Glaser Show Chair  
glasel@pcps.us  
580-718-3991  
580-761-2399

Liz Glaser  
[glasel@pcps.us](mailto:glasel@pcps.us)

### **SCHEDULE OF EVENTS**

Tue. June 18  
.Tuesday Set- up 12:00-6:00pm  
Tuesday Golf 10:00 am  
Tuesday Bowling 7:00 pm  
Wed. 19th. Addl. set-up 7:00-9:45  
10:00AM – 2PM Exhibits Open  
10:00AM – 11:00AM Directors / Buyers  
11:00AM – 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, May 30, 2019. Payment must be received before booth will be assigned.** Registration payment includes one (1) year associate membership & copy of OK school contact information.



**Palette to Palate**

**THE ART OF SCHOOL NUTRITION**

**MAIL REGISTRATION WITH:**

Check payable to:  
 School Nutrition Association of Oklahoma  
 Signed Credit Card Authorization Form  
 Mail to:  
**Liz Glaser**  
 Ponca City Schools  
 2019 Conference Exhibit Chair  
 1312 N. 7th  
 Ponca City Ok 74601

**\*VENDOR INFORMATION**

\*Company:  
  
 \*Address:  
 \*Mauf. Rep. Name:  
 \*Office Phone:  
 \*Cell Phone:  
**Broker contact if any:**  
 \*Email:

\*Contact Name:

(please use company name for booth)

**\*Required**

(return a copy of this contract with check)

**CONFERENCE FEES**

Booth(s): \_\_\_\_\_ X \$750.00ea = \_\_\_\_\_  
 Sponsorship: \_\_\_\_\_  
 Extra tables \_\_\_\_\_ X \$25.00 \_\_\_\_\_  
**TOTAL** \_\_\_\_\_

**PLEASE REFER TO SPONSORSHIP INFORMATION**

**ELECTRICAL NEEDS: Yes\_\_\_or No\_\_\_**  
**\* SPECIAL POWER REQUEST**

**AGREEMENT**

I, \_\_\_\_\_ agree to the conditions and provisions set forth in the contract.  
 Dated this day \_\_\_\_\_ 2019.

\*Facility will determine charge

\*Extra tables \$25.00 each