



Exhibitor Application Form

Please complete details and fax to CNDA at 815-550-2411 (even if you are paying through our shopping cart). All products listed here are available online and you can pay with a credit card using our [secure shopping cart](#).

Exhibitor Packages (Please check each choice.)

- \$5,999 Visionary Partner
- \$4,999 Diamond Partner
- \$3,999 Platinum Partner
- \$3,799 Gold Partner
- \$2,599 Silver Partner
- \$3,399 Bronze Partner

- \$2,799 General Exhibitor
See space availability on website
- Booth Electricity: \$150**
Still Available
- Sunday Lunch Presentation:**
\$3,500 - Up to 50 people *Only 2 available – call to reserve*

A LA Carte

- Bag Insert: \$250
- Refreshment: \$500
- Full Page Ad: \$1,000
- Half Page Ad: \$750
- Additional Reps: \$250
- STAR Card: \$1000
- Reception: \$3,000
- WiFi Power: \$2,500
- Relax / Recharge: \$2,000
- Video Interviews: \$2,000
- Breakfast: \$1,000
- Headshots: \$1,000
- Special Sponsor: _____

SOLD OUT

Payment by Credit Card

To pay with a credit card, please go to our shopping cart at (clickable link):

<http://stores.modularmarket.com/cnda/cnda-conference-exhibitor-packages-c8.php>

Questions? Call Kathy at 310-670-8100.

Payment by Check

Check payable in U.S. Funds to the CNDA and mail to:
California Naturopathic Doctors Association

5601 West Slauson Ave., Ste. 275
Culver City, California, 90230

On what date will your check be mailed? _____

Signature

Signed By _____ Signature _____

Company Position _____ Date _____

Refund Policy - 8 weeks or more before event: full refund | 4 to 8 weeks: 50% refund | Under 4 weeks: no refund.

Website & Show Guide Information

Company: _____

Phone: _____

Website: _____

TOTAL AMOUNT PAID: _____

Table # Choice: 1st) _____ 2nd) _____ 3rd) _____

Visit [Exhibitor Info](#) to see available table list.

Tables are assigned on a first-pay, first-serve basis.

Primary Contact & Attendee Information

Please tell us who our primary contact is from your company, and who will be attending the show from your company.

Primary Contact Name _____

Title _____

Phone _____

Email _____

Attendee 1 _____

Attendee 2 _____