



OWWA Exhibitor & Sponsor Registration

OWWA 2020 ANNUAL CONVENTION & WORKING TRADE SHOW

March 11-12, 2020

Columbus Airport Marriott located at 1375 N Cassady Ave, Columbus, OH 43219



COMPANY INFORMATION

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Exhibitor Representative Names:

EXHIBITION FEES:

- One 10' x 10' Exhibit Space Fee - \$500.00 each (includes 2 representatives)
- Two 10' x 10' Exhibit Spaces Fee - \$750.00 (includes 3 representatives)
- 20' x 20' Exhibit Space Fee - \$1000.00 each (includes 4 representatives)
- Non-Exhibiting** Manufacturer/Distributor Fee - \$400.00 per person attending
- Additional Exhibitor Representative Fee** - \$55.00 per person

BOOTH # PREFERENCE: (see diagram on back)

#1 _____ #2 _____ #3 _____ #4 _____

I do not want to be around the following companies:

Ohio Water Well Association
6870 Licking Valley Road
Frazeyburg, OH 43822
(740) 828-9200
ohiowaterwellassociation@gmail.com

PROGRAM ADVERTISING:

- Full Page Ad - \$100.00 Ad
- Inside Front Cover - \$175.00
- Inside Back Cover - \$150.00
- Back Cover - \$225.00

DEADLINE 02/21/2020

PLEASE NOTE: All Exhibit Fees MUST be paid prior to setup. Booth cancellations must be made by February 1 for refund. Non-exhibiting Registration Cancellations must be made 21 days in advance fore fund. In courtesy to other exhibitors, attendees and to OWWA, please do not tear down before the show closes.

SPONSORSHIPS:

- Tuesday Night Reception Food Sponsorship \$650.00
- Tuesday Night Reception Beverage Sponsorship \$650.00
- Wednesday Tradeshow Food Station Sponsorship \$500.00
- Wednesday Tradeshow Beer/Beverage Station Sponsorship \$500.00
- Wednesday Refreshment Break Sponsor \$250.00
- Cash Prize Sponsorship \$200.00

All sponsorships will include pre & post-event recognition as well as onsite event signage!

TOTAL AMOUNT DUE: \$ _____

Make checks payable to OWWA or use your Visa, MasterCard, Discover, or American Express:

Card Number _____

Exp Date _____ CVV Code: _____

Billing Address _____

Billing Zip _____

Conference Center

