



Disaster Resistant California 2003

Promoting Public Private Partnerships
in Emergency Management

Deadline: April 4, 2003

Exhibitor Application

This application for exhibit space at Disaster Resistant California 2003 Conference will also serve as an agreement between OES/CDM and the company below hereinafter referred to as EXHIBITOR.

Exhibitor Name: _____ **Website:** _____

Billing Address: _____

City, State, Zip: _____

Ph: _____ **Fax:** _____

Booth Coordinator: _____ **Ph:** _____
(Point of Contact)

Booth Coordinator's E-mail: _____

Description of Product or Service: *(As it should appear on conference materials. Please include products to be displayed)*

Event Sponsorship Opportunities:

Monday, April 21: Partner's Lunch Reception @ Tech Museum Imax Movie (\$2,500)

Tuesday, April 22: Continental Breakfast Lunch Dinner

Wednesday, April 23: Continental Breakfast Lunch

**Cost of events, will be determined as the event draws near and the menu has been finalized.*

Registration: \$1,000

Includes:

- One complimentary registration
- One 6 ft. table, drape, and two chairs
- Monday reception, Imax movie
- Tuesday continental breakfast, lunch & dinner
- Wednesday continental breakfast and lunch
- Conference Proceedings
- Access to all sessions

Payment Form

EXHIBITORS:

Registrations received by April 4, 2003:

Exhibitor Registration _____ x \$1,000.00 = _____
Additional representative _____ x \$ 295.00 = _____
Additional table(s) _____ x \$1,000.00 = _____
(includes registration for additional representative)

Registrations received after April 4, 2003:

(Accepted only on a space availability basis; please be sure to contact us first for availability.)

Exhibitor Registration _____ x \$1,250.00 = _____
Additional representative _____ x \$ 350.00 = _____
Additional table(s) _____ x \$1,000.00 = _____
(includes registration for additional representative)

PARTNERS / SPONSORS:

Registration deadline for Partners is Mar. 21, 2003.

Please indicate level of participation:

- Platinum: \$7,500 _____
 Gold: \$5,000 _____
 Silver: \$2,500 _____
 Event Sponsorship: _____ Amount: _____
Total Enclosed: _____

Payment Type:

- Check:** Please make check payable to "SJSU Foundation" Include name of sponsor on check.
 Purchase Order: Please include a copy of purchase order with this form.

Credit Card: Visa MasterCard American Express

Name on Card: _____

Card No: _____ **Exp.** _____

(If name on card is other than you, please include authorization letter from cardholder.)

Phone in credit card payment to Jessica Tran at (408) 924-3596 or Fax to: (408) 924-3857.

Please mail or fax this form & payment to:

Collaborative for Disaster Mitigation
One Washington Square
San Jose, Ca 95192-0082
Ph: (408) 924-3596 Fax: (408) 924-3857
E-mail: sjsu_cdm@email.sjsu.edu

For further information or if you have any questions, please contact Victoria LaMar-Haas, OES, at (916) 845-8531, or Jessica Tran, CDM, at (408) 924-3596.

www.sjsu.edu/cdm/drc03