Exhibitors You're Invited

The California Community Colleges Classified Senate (4CS) invites you to participate in the Exhibitor Showcase June 5-6, 2024 during the Classified Leadership Institute at the Riverside Convention Center.



The Exhibitor Showcase during the annual Classified Leadership Institute represents a unique opportunity for vendors to meet with Classified Professionals that are involved in the decision-making processes at their local colleges and acquaint them with their products and services. Representatives from over 60 community colleges are typically in attendance. Space is limited so reserve your table today!

Table Fee: \$700: includes one space with a table and two chairs. Meals include two lunches on Wednesday,two of each breakfast, lunch and awards dinner on Thursday.

To learn more about 4CS and becoming an exhibitor or sponsor, please refer to our 4CS website: www.ccccs.org

Contact Kathy Matthies at area-b-rep@ccccs.org for details and application.



Sponsored jointly by the California Community Colleges Classified Senate and the Community College League of California





California Community Colleges Classified Senate Community College League of California

Classified Leadership Institute Riverside Convention Center, Riverside, CA

Exhibitor Showcase

Wednesday & Thursday, June 5-6, 2024

Exhibitor Application Form

Application **DEADLINE** is Friday April 19, 2024

FEE: \$700 - Make checks payable to 4CS

(Includes: One space with a table and two chairs. Meals include two lunches on Wednesday, two of each breakfast, lunch, and awards dinner on Thursday)

Event Details

- Setup: Wednesday & Thursday, June 5-6, 8:00am–9:00am
- Exhibitor Hours: Wednesday & Thursday, June 5-6, 9:00am 5:00pm
- Please mail completed form with payment to: California Community Colleges Classified Senate (4CS): 2037 W Bullard Avenue, PMB 387 Fresno, CA 93711 Checks payable to: California Community Colleges Classified Senate (4CS)
- 4CS and CCLC will not be held responsible for any items lost, stolen or damaged.
- Confirmation of participation/space will be sent via email. Please notify us of any special needs that you may have.

PLEASE INCLUDE PAYMENT WITH THIS FORM

A.	Organization Name:	Phone:	
	Organization Contact:	Email:	
	Mailing Address:		
-	City	State	Zip
B.	Representative(s) in attendance: _		

C. Requirements:

_____ Do you need an electrical outlet by your table? Contingent upon availability and date application is received. (Please do not request power unless needed.) Free wireless included.

D.	Equipment (if any) you plan to bring:		
E.	Total Amount Submitted: <u>\$</u>	Date Submitted:	

Office Use Only

Table #:

Ck #: Rec'd: