



KIDS ARE WORTH IT!® Conference
Exhibitor Commitment Form

September 11-12, 2023
Galt House, Louisville

Agency/Company Name (to be printed in the Conference Brochure): _____

Contact Name and Title: _____

Address (include City and Zip Code): _____

Phone: _____ Email: _____

Name of Representative for I.D. Badge at the Conference: (1) _____

If applicable, (2) _____

Meal Preferences (check all that apply): Vegetarian Gluten Free

If purchasing an exhibitor package of \$400 or more, provide a one-sentence description of your business or organization here:

If purchasing the \$800 All-Inclusive Package, please list the first and last name of the individual to receive lodging Sept. 10th and 11th:

Exhibitor Benefits	\$800 All-Inclusive	\$400	\$250
6ft skirted table and chair	x	x	x
Meals for one person	x	x	x
Agency/business name listed in the Conference Brochure	x	x	x
One sentence description of your agency/business listed in the Conference Brochure alongside your logo	x	x	x
Listing on the PCAK webpage	x	x	x
¼ page ad in the Conference Brochure	x	x	
Agency/business name listed in the Registration Brochure (if secured by March 15)	x	x	
Inclusion on emails sent to participants prior to the conference	x	x	
Publicity via PCAK social media	x	x	
Special highlight of your organization/business to PCAK's List Serve members	x		
Lodging for one person Sept. 10 and 11	x		
Premiere table placement in the exhibit hall	x		

Exhibitor Pricing Options	Place a checkmark next to your selections or complete quantities as indicated	List the purchase price in the corresponding space below
\$800 All-Inclusive		\$
\$400		
\$250		
Additional breakfast/s = \$30	Quantity=	\$
Additional lunch/s = \$35	Quantity=	\$
Electricity/outlet =\$50		\$
Subtotal		\$
If you were a Partner in Prevention as of January 1, please enter your discount here		- \$
Total Exhibitor Payment Price		\$

Please select your payment method:

- Check addressed to PCAK
- If paying via debit or credit card, an invoice will be sent via email with a secure link to finalize payment. The following information is needed:
 - Email for the invoice to be sent: _____
 - Card holder first and last name: _____
 - Billing address zip code: _____

Please return this form to:
 Prevent Child Abuse Kentucky, c/o Kendra, 2265 Harrodsburg Road, Ste. 200, Lexington, KY 40504,
 via fax to 859-225-8969 or by email to kstooksbury@pcaky.org.

Signature _____ Date _____

Exhibitor Commitments must be received by July 31, 2023. Non-Refundable after July 31, 2023. Refunds provided prior to July 31, 2023 incur a \$25 processing fee. PCAK takes a number of issues into consideration when granting vendors, the opportunity to share information with our conference participants. PCAK reserves the right to limit vendors based on these issues. Prevent Child Abuse Kentucky and the Galt House are not held responsible for lost or stolen products or property.