



Commercial Exhibit Space
Application and Contract
2019 KIOGA Midyear Meeting
April 17-18-19, 2019
Kansas Star Casino
Mulvane, KS

1. The undersigned ("Lessee") hereby applies for commercial rate exhibit space at the 2019 Meeting of the Kansas Independent Oil and Gas Association (KIOGA), to be held at the Kansas Star in Mulvane, Kansas on Thursday April 18, 2019. The meeting is conducted by the Kansas Independent Oil and Gas Association. All payments, correspondence, notifications and other communications to KIOGA concerning the subject matter of this application and contract shall be sent to the Exhibits Coordinator, KIOGA, at the address shown below.

2. The Lessee encloses payment in full. Please notify KIOGA if you would like to be invoiced.

3. This contract shall be governed by the laws of the State of Kansas, USA.

Deductibility of Fees: Space rental and sponsorship monies paid to KIOGA may be deductible as ordinary and necessary business expenses. They are not deductible as contributions or gifts for federal income tax purposes.

Installation and Dismantling of Exhibits: Move-in may begin at 1:00 p.m. Wednesday, April 17, 2019. Dismantling of exhibits must be completed by 9:00 a.m. Friday April 20, 2018

Exhibits will officially open to registrants from 9:00 a.m. - 4:00 p.m. on Thursday April 18th.

Booth Design and Furnishings: All booths are 8 feet wide and 10 feet deep. KIOGA will furnish each exhibitor with back and side drapes, identification sign, 6 foot table, chair and wastebasket. If your booth requires electricity, check here []

This is not your registration form. They will be available at a later date.

PRICE PER 10 FT. x 10 FT. INSIDE SPACE: KIOGA Member \$400 Non-Member price \$600 - Includes Lunch

Social Media - To be used for marketing

in _____ f _____
t _____

(Name of Lessee)

CONTACT NAME _____
(Authorized Signature)

BOOTH CONTACT _____
(If different)

ADDRESS _____

(City/State)

(Zip/Postal Code)

PHONE _____ CELL _____

E-MAIL _____

BOOTH SIGN NAME - FOR ALL SIGNS/BROCHURES

(City)

(State/Province)

DATE _____

FULL PAYMENT ENCLOSED \$ _____



Name on Card _____

Card # _____

Exp. Date _____ CVV _____ Zip _____

COMPLETE AND RETURN TO:
(Please keep a copy for your records)

Kelly Rains | KIOGA
229 E. William, Suite 211 | Wichita, Kansas 67202
Office: 316.263.7297 Fax: 316.263.3021
kioga@kioga.org
MAKE CHECK PAYABLE TO: KIOGA

IMPORTANT NOTE: If this section is not completed, your booth sign will be imprinted with the name you provided in the "Name of Lessee" above!