



2022 Governor’s Safety and Health Conference and Exposition

The Kentucky Safety and Health Network, Inc., along with its partner the Kentucky Labor Cabinet are excited to announce the return of Kentucky’s largest safety and health event, the Governor's Safety and Health Conference and Exposition! This year’s event is being held at the Sloan Convention Center in Bowling Green. This is a great opportunity to promote your company, products, and services to a wide variety of conference participants. The 2022 schedule is constructed to allow conference attendees dedicated opportunities to visit the exhibit hall. The exhibitors are a focal point of the conference.

Exhibit Space Cost

- 8’ x 10’ in Central Hallway \$425.00
- 8’ x 10’ in Exhibit Hall..... \$325.00
- 8’ x 20’ in Central Hallway \$725.00
- 8’ x 20’ in Exhibit Hall \$695.00

Exhibit Space Includes

**** Special Added Value:** skirted table, two (2) chairs, and wastebasket included! One (1) 110v electric service, if requested.

- 8’ x 10’ or 8’ x 20’ booth with pipe and drape.
- 24-hour general security
- Conference program book
- Lunch for two (2) booth workers
- Exhibit hall passes to share with clients (upon request)

Exhibit Dates & Hours

Registration and Set-Up: Tuesday, May 10, 2:00-7:00 pm CST
 Exhibition Hours: Wednesday, May 11, 8:00 am - 3:30 pm CST (closed during lunch)
 Load Out: Wednesday, May 11, 3:15-5:00 pm CST

“Breakfast with the Exhibitors” is Wednesday, May 11 at 8:00 am CST!
 Dedicated time with the Exhibitors is 1:30-3:00 pm CST, Wednesday, May 11
 Please bring a door prize!

Exhibitor Contract 2022
May 10, 2022 - May 11, 2022

For Office Use Only:

Booth # : _____ Date: _____

Initials: _____ Paid: _____

1. Exhibit Information

Important: **PRINT** your company name exactly as you want it to appear in all promotional material.

Company Name: _____

Name of person to receive all information: _____

Mailing Address _____

City _____ State _____ Zip _____ County _____

Telephone Number _____ Email _____

Web address _____

2. Exhibit Space Preference and Accessory Requests

Please indicate your preferred booth location using the enclosed floor plan. Select your top two (2) locations in order of preference. All booth assignments are first come, first serve. Each booth is 8' x 10'. Booths may be combined to form an 8' x 20' booth.

1st choice # _____ 2nd choice # _____

Do you want/need 110v electrical service? Yes No

3. Payment Method

1.) If paying by check: Make check payable to "KSHN Exhibit 2022"
Submit payment to: KSHN 2022 Exhibition
P.O. Box 4087
Frankfort, KY 40601- 4087

-- OR --

2.) Request a Square Invoice (Square invoices allow fees to be paid via credit card and provide an immediate payment receipt)

Person requesting Square Invoice (printed) _____

Email Address _____

4. Names of Booth Workers

Please list the names of workers in your booth. Two (2) workers per 8' x 10' booth are included; **additional workers are \$75 per person.** If you have more than two (2) workers, please write their names in the additional workers space below and include additional payment.

Included: 1. Name _____ Email _____

2. Name _____ Email _____

Additional Worker(s): Name _____ Email _____

Name _____ Email _____

5. Contract Authorization

By signing below, with or without appropriate payment, this contract shall become a legally binding contract. The individual signing this document represents that he/she is duly authorized to execute this binding contract on behalf of the exhibitor. By signing this agreement, Exhibitor agrees to abide by the following and be bound to this Contract, Governor’s Safety and Health Conference and Exposition rules and regulations, Sloan Convention Center management’s rules and regulations, and the following Executed Release of Liability. Booth rental fee is due upon signing and submitting this exhibitor contract. **Review Exhibitor Executed Release of Liability before signing**

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Executed Release of Liability

Exhibitor shall be fully responsible to pay for any and all damages to property at the Hotel, which results from any act or omission of exhibitor. Exhibitor agrees to defend, indemnify and hold harmless the Hotel, Atrium Hospitality, LP and each of their respective affiliates and their officers, directors, partners, agents, members, managers and employees (collectively, the "Hotel Parties") from and against any and all demands, claims damages to persons or property, losses and liabilities, including reasonable attorneys' fees (collectively "Claims arising out of or caused by the exhibitors or their members', agent's, employees', independent contractors' negligence in connection with the use of the Hotel property, except to the extent and percentage attributable to the negligence of the Hotel Parties.

Exhibitor's liability shall include all losses, costs, damages or expenses arising from or out of or by reason of any accident or bodily injury or other occurrences to any person or persons, including the exhibitor, its agents, employees, and business invitees which arise from or out of exhibitor's occupancy and/or use of the exhibition premises, the Hotel or any part thereof. The exhibitor understand that the Hotel does not maintain insurance covering the exhibitor's property and that it is the sole responsibility of the exhibitor to obtain such insurance.

Authorized Representative Name (Please Print) _____ Date _____

Authorized Representative Signature _____ Date _____

6. Finalize Exhibitor Registration

Scan and submit completed Exhibitor Contract and Contract Authorization to kshn.tbyrd@gmail.com.

Contact Traci Byrd if you have questions or need additional information.

Traci Byrd
Phone: (270) 293-4983
Email: kshn.tbyrd@gmail.com