



2017 EXHIBITOR REGISTRATION FORM

We look forward to you participating in
Arizona Construction Career Days
 Presented by **Association for Construction Career Development**
"BUILDING TOMORROW'S WORKFORCE TODAY"

Event Dates: **Thursday November 2, 2017** and **Friday November 3, 2017**
Arizona National Guard 5636 E. McDowell Rd, Phoenix, AZ 8:00 am - 2:00 pm

****MANDATORY EXHIBITOR MEETING TBD****
5:00PM Russell Auditorium Arizona National Guard 5636 E. McDowell Rd, Phoenix, AZ
SPONSORS --- bring banner(s) to meeting - if applicable

COMPANY: _____

ADDRESS: _____ **CITY/ZIP:** _____

CONTACT NAME: _____ **EMAIL:** _____

PHONE #: _____

Please check one:

Contractor _____ Association _____ Education/Training _____
 Equipment _____ **Other (explain)** _____

Space required (CIRCLE ONE)			Ask us about Sponsorship Opportunities!!!	
<u>20 ft x 20 ft</u> \$325	<u>20 ft x 40 ft</u> \$350	<u>20 ft x 60 ft</u> \$400	<u>20 ft x 80 ft</u> \$425	<u>20 ft x 100 ft</u> \$450
Request to be next to or near another exhibitor? _____				
Type / Quantity of equipment you expect to bring:			(Equip can be delivered Wed prior to event from 9am-1pm)	
Backhoe _____	Skid steer loader _____	Survey Equip _____	Compactor/Roller _____	
Scissor Lift _____	Forklift _____	Hand Tools _____	Scraper _____	
Crane _____	Dozer _____	Tamper _____	Dump Truck _____	
Excavator _____	Concrete pumper _____	Testing _____	Generator _____	
Grader _____	Water Truck _____	Other (explain) _____		
Type of exhibit you will have:			Power is NOT provided	
Description: _____				

Payment:	Mail Check	PLEASE PRINT OR TYPE
Company Name	_____	
Contact Person	_____	
Phone	_____	Email for receipt _____
Amount charged	\$ _____	
<i>(this portion will be shredded after card is run)</i>		
Credit Card Information		
Name on Card	_____	Card No. _____
Mailing Address	_____	_____
Expiration Date	_____	Security Code _____

Mail Registration Form, Insurance Document to:
AZCCD c/o Sabrina Lechuga
PO Box 5854
Goodyear, AZ 85338



2017 EXHIBITOR REGISTRATION FORM

Personnel attending:

Please list names and dates of attendance.

(This is for Arizona National Guard security purposes)

Name	Day	Name	Day

Points of Contact:

Exhibitor Questions:

Rose Ann Canizales, ACCD President
480-777-2226 roseann@greatimpactinc.com

Payment & Insurance Questions:

Sabrina Lechuga, ACCD Treasurer
928-848-6718 slechuga01@gmail.com

Equipment Delivery Questions:

Sabrina Lechuga, ACCD Treasurer
928-848-6718 slechuga01@gmail.com

Sponsorship / Website Questions:

Sabrina Lechuga, ACCD Treasurer
928-848-6718 slechuga01@gmail.com

Insurance Requirements for Exhibitors:

Participants without equipment need:

General Liability	\$2,000,000 aggregate \$1,000,000 per occurrence
Auto Liability	\$1,000,000 minimum

Certificate Holder: Association for Construction Career Development, PO Box 5854, Goodyear, AZ 85338

Description: Arizona Construction Career Days Event, 5636 W. McDowell Rd, Phoenix, AZ

Additional Insured: Association for Construction Career Development, Arizona Construction Career Days, Arizona National Guard

Those with equipment need:

General Liability	\$2,000,000 aggregate \$1,000,000 per occurrence
Auto Liability	\$1,000,000 minimum
Workers Comp or State Fund Information	\$100,000 per occurrence \$100,00 per person \$500,000 per disease

Mail Registration Form, Insurance Document and Checks to:

AZCCD c/o Sabrina Lechuga
PO Box 5854
Goodyear, AZ 85338

TEAR DOWN WILL BE IMMEDIATELY AFTER FRIDAY'S EVENT

Mission Statement: To support and promote the construction industry through education and employment

Your clothing **MUST** be as though you were going on a jobsite.

NO SHORTS of any kind, **SKIRTS**, **TANK TOPS**, **HEELS**, **FLIP FLOPS** or **SANDALS**. **ALWAYS GEAR TOWARD THE SAFETY OF THE STUDENTS.**

Wear your Hard Hat at all times during the event--you are a role model for the students.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
DATE OF ISSUE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER BROKER INFORMATION	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED EXHIBITOR NAME & ADDRESS	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : INSURANCE COMPANY NAME	
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		
NAIC #		

SAMPLE

COVERAGES CERTIFICATE NUMBER REVISED NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF LIABILITY LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAINTAINED, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC		<input checked="" type="checkbox"/>	GL Policy Number	01/01/2014	01/01/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		<input checked="" type="checkbox"/>	Auto Policy Number	01/01/2014	01/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/>	WC Policy Number	01/01/2014	01/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 EVENT: Arizona Construction Career Days
 DATES: 11/5/2014 thru 11/7/2014 (Dates include set-up)
 SITE: Arizona Army National Guard- Papago Site 5636 E. McDowell Rd. Phoenix, AZ 85008

Association for Construction Career Development, Arizona Construction Career Days, and the Arizona Army National Guard are additional insureds under all policies, except workers compensation

CERTIFICATE HOLDER ASSOCIATION FOR CONSTRUCTION CAREER DEVELOPMENT (ACCD) PO BOX 5854 GOODYEAR, AZ 85338	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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AZCCD 2017 SPONSORSHIP OPPORTUNITIES



PLATINUM

\$3,000

20x100 Ft Exhibitor space for two day event
Full Page (8.5" x 11" Landscape) Color Ad in Career Guide

- ❖ 4'x6' Company banners hung inside VIP Tent
- ❖ **Company banner** hung at front entrance gate (any size)
- ❖ Company Logo and link on the home page of AZCCD website
- ❖ Company Logo on t-shirt distributed to all students
- ❖ **Company Logo** on Sponsorship collateral at event

MUST Complete EXHIBITOR REGISTRATION form also



GOLD

\$2,000

20x60 Ft Exhibitor space for two day event
Half Page (5.5" x 8.5" Horizontal) Color Ad in Career Guide

- ❖ Listed on Sponsorship page of AZCCD website
- ❖ **Company banner** hung at front entrance gate (any size)
- ❖ **Company Logo** on Sponsorship collateral at event

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SILVER

\$1,000

20x20 Ft Exhibitor space for two day event

- ❖ Listed on Sponsorship page of AZCCD website
- ❖ **Company banner** hung at front entrance gate (any size)
- ❖ **Company Logo** on Sponsorship collateral at event

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BRONZE

\$500

- ❖ Listed on Sponsorship page of AZCCD website
- ❖ **Company banner** hung at front entrance gate (any size)
- ❖ **Company Logo** on Sponsorship collateral at event



QUARTER PAGE AD

\$300

- ❖ In Career Guide 4.25" x 5.5" Landscape



TRANSPORTATION

\$200

Assist Schools with transportation funds to attend event

- ❖ Listed on Sponsorship page of AZCCD website
- ❖ **Company banner** hung at front entrance gate (any size)
- ❖ **Company Logo** on Sponsorship collateral at event



WATER / SNACK BARS

\$200

Assist with the purchase of Water Bottles for Students
Assist with the purchase of Snack Bars for Students

- ❖ **Company banner** hung at front entrance gate (any size)
- ❖ Sponsorship signage prominently displayed at event
- ❖ Listed on Sponsorship page of AZCCD website
- ❖ Listed in Career Guide on website and given to Counselors



*If you are a
PLATINUM, GOLD, or
SILVER Sponsor,
fill out the Exhibitor
Registration form too*

*Send Logos & Ads
to Sabrina Lechuga
slechuga01@gmail.com
by October 14 , 2016*

CONTACT AND PAYMENT INFORMATION

If you have questions contact Sabrina Lechuga or email slechuga01@gmail.com

Company Name: _____

Contact Person: _____

Phone: _____ Email (for receipt): _____

Amount: \$ _____ Sponsorship: _____ Advertisement in Career Guide: _____

Mailing Check

Make checks payable to: Arizona Construction Career Days, AZCCD c/o Sabrina Lechuga, PO Box 5854, Goodyear, AZ 85338

Credit Card Information

MC VISA AMEX

this section will be destroyed after approval

Name on Card: _____ Card No.: _____

Mailing Address: _____

Expiration Date: _____ Security Code: _____