



Dear Vendor;

Current Vendor Members of the Louisiana Self Storage Association are being offered the right of first refusal for a vendor table in the exhibit area and/or sponsorship at our association event. We will be hosting our Fall Conference and Trade Show on November 8, 2017, in Baton Rouge, LA. We will have limited vendor tables available. Vendor tables will be assigned on a first come basis. Vendor registration details are as follows:

We will need an RSVP of your intention to reserve your Vendor Exhibit Table and/or Conference Sponsorship (if applicable) via e-mail only to WANDA@SSALA.ORG. To reserve your Vendor Exhibit Table and Conference Sponsorship (if applicable) we must receive your email of your intention to attend by 5:00 PM CDT on October 2, 2017. Complete payment must be received by October 9, 2017 by 5:00 PM CDT. After October 9, 2017, all unpaid Vendor Exhibit Tables will be offered to other qualified vendors. A registration form is attached below.

We are striving to make this our most successful conference and trade show to date and are looking forward to your attendance.

A special room rate of \$109 is available through Sunday, October 8th. Hotel information is below.

Following are tentative conference and trade show details and registration form.

LOUISIANA SELF STORAGE ASSOCIATION (SSALA)

13434 PLANK RD.
BAKER, LA 70714
Phone: 225-955-0015 FAX 225-774-2116

Email: wanda@ssala.org
Website: www.SSALA.org

2017 SSALA FALL CONFERENCE & TRADE SHOW

Holiday Inn South, 9940 Airline Hwy., Baton Rouge, LA 70816

For Hotel Reservations 225-924-7021

EXPO DATE: November 8, 2017, 8am – 5pm

VENDOR SPONSORSHIP INFORMATION AND REGISTRATION

The SSALA offers a variety of educational opportunities where owners, operators, and managers have access to industry updates, business information, and unlimited networking opportunities with industry professionals. We try to keep costs to a minimum, while still providing participants with knowledgeable speakers, first-class meeting facilities, and a variety of meeting-related amenities such as continental breakfast, lunch and refreshments. **Your Vendor sponsorship allows us to do just that!** We are expecting an attendance of around 100 people.

We are only offering a limited number of Vendor Exhibit tables for this meeting. The basic registration fee of \$475 includes a 6' skirted table in the Exhibit Area, a company name listing within the Conference handout materials, one meal ticket and a listing of all conference attendees. Additional company representatives will be charged \$75 per person (that is less than our food cost).

There is an opportunity for five vendors to be Conference Sponsors. For an additional \$350 the Conference Sponsor vendors will have signage visibly displayed at the podium with their company's logo, a five minute spot during the conference to promote their company and their product and prominent company logos within the conference handouts. A Website Banner ad that includes the Vendor Exhibit table is also available.

Space is limited. Please RSVP your intentions by email to WANDA@SSALA.ORG by 5:00 PM CDT on October 2, 2017. Space will be reserved on a first come basis. Please register early. Registration payments must be received by October 9, 2017 or your confirmed spot will go to the next company on the list.

Please be aware that Setup will be from 6:30 am until 7:30 am on Wednesday, November 8th. The hotel does not accept shipments. The show agenda will also be provided.

COMPLETE AND **MAIL** THE REGISTRATION FORM BELOW WITH PAYMENT FOR YOUR VENDOR TABLE AND **EACH** PERSON ATTENDING THE CONFERENCE. **NOTE THAT SHARING OF TABLES WITH OTHER VENDORS IS NOT ALLOWED. ONLY EMPLOYEES OF THAT SPECIFIC VENDOR'S TABLE ARE ALLOWED TO BE AT ANY TABLE UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE.**



2017 SSALA Fall Conference & Trade Show

Wednesday, November 8, 2017

Holiday Inn South Hotel • 9940 Airline Hwy • Baton Rouge, LA 70816

For Hotel Reservations: (225) 924-7021

Vendor Registration

(Please Print Clearly)

Company Name

Representative (s) Name (s) Complete separate pages for each representative/customer attending conference

Representatives mailing address

(_____) _____ (_____) _____ (_____) _____
Representative's telephone # Fax # Cell phone #

Representative's e-mail address Website address

Roundtable subject if we have time for same

Vendor Table: \$475 (includes meal for one person) \$ _____

Do you need electricity? _____ Yes _____ No (If yes, please bring your own extension cords)

Additional Rep. fee (each addl.): _____ x **\$75.00** = \$ _____ (1 meal is included)
(Please attach Additional Vendor Representative form for each additional representative in attendance)

Gold Conference Sponsor: \$350 (please confirm availability) \$ _____

The Gold sponsorships are limited to 5 companies on a first come first served basis. Your company's logo will be prominently displayed beside the podium; you will be given 5 minutes to speak at the general session, and your company will be highlighted in the Conference handout

Website Banner Ad: \$1,000 \$ _____

The Louisiana Self Storage Association is offering Website Banner ads on the SSALA.org website home page for \$1,000 per year. Your company logo with contact information would be displayed on the Home page of the SSALA website with a link to your company website. **Your Conference Vendor Exhibit table on November 8th will be included at no additional cost.**

TOTAL ENCLOSED: \$ _____

Make checks payable to **SSALA**

Send your Vendor Exhibit Registration/Conference Sponsorship to:

SSALA, 13434 Plank Rd • Baker, LA 70714 Call Wanda at **(225) 955-0015** or email at wanda@ssala.org for more information.



LA SELF STORAGE ASSOCIATION

2017 SSALA Fall Conference & Trade Show

Wednesday, November 8, 2017

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For Hotel Reservations: (225) 924-7021

Additional Vendor Representative Registration

(Please Print Clearly – Send one copy for each additional Vendor Representative)

Company Name

Representative (s) Name (s) Complete separate pages for each representative/customer attending conference

Representatives mailing address

() Representative's telephone # () Fax # () Cell phone #

Representative's e-mail address

Website address

PAYMENT METHOD: CHECK# _____ AMT. RECEIVED: _____

CREDIT CARD - VISA _____ MC _____ AMEX _____ DISCOVER _____

CARD NO: _____

EXP. _____ / _____ CV2# _____

NAME ON CARD: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BILLING PHONE: () _____

OFFICE USE ONLY: DATE RECEIVED: _____ MEMBER # _____ REGION # _____

SELF-STORAGE ASSOCIATION of LOUISIANA (SSALA)

MEMBERSHIP APPLICATION

Owner Associate Member* Vendor (circle one)
(Associate Members are members from other states
 Associate Members and Vendor Members have no voting rights)

Annual Dues: \$150 First Facility and \$75 each additional facility

First Facility	\$ 150.00
Vendor or Associate Member	\$ 150.00
Number of additional facilities _____ @ \$75.00 ea. <small>(Please list additional facility information on a copy of this form)</small>	\$ _____
TOTAL ENCLOSED:	\$ _____

FACILITY OR VENDOR NAME: _____

FACILITY STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PARISH: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PARISH: _____

OWNER: _____

OWNER'S PHONE: _____ FAX: _____ CELL: _____

EMAIL ADDRESS: _____ WEBSITE: _____

DESIGNATED CONTACT: _____

CONTACT'S PHONE: _____ FAX: _____ CELL: _____

EMAIL ADDRESS: _____

SHOULD THIS FACILITY RECEIVE MAIL? _____ Yes _____ No

How many units are in this facility? _____ What's the total square footage: _____

How did you learn of our Association: _____

If you heard about us from an SSALA member, please list their facility name: _____

The SSALA is an affiliated state with the national Self Storage Association (SSA) as of 01/01/2008.

Are you a member of the SSA? _____ Yes _____ No

If not, are you interested in joining the SSA? _____ Yes _____ No

If YES, please make sure either a fax number or email address is listed above so we can fax/email you an application. Also, visit www.selfstorage.org for more information concerning the national association.

MAIL APPLICATION AND CHECK TO:

** SSALA **

13434 PLANK RD. ** BAKER, LA 70714

Phone: 225-955-0015 Fax: 225-774-2116

Email: wanda@ssala.org Website: www.SSALA.org

LIST ADDITIONAL FACILITIES ON SEPARATE PAGES

PAYMENT METHOD: CHECK# _____ AMT. RECEIVED: _____

CREDIT CARD - VISA _____ MC _____ AX _____ DISC _____ CARD NO. _____ EXP. _____ / _____ CV2# _____

NAME ON CARD: _____ BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ BILLING PHONE: (_____) _____

OFFICE USE ONLY: DATE RECEIVED: _____ MEMBER # _____ REGION # _____