



Tabletop

“EXHIBITORS GUIDE”

October 14, 2025

**Embassy Suites by Hilton
Sacramento Riverfront Promenade**



2025 CalCom Fall Conference & Expo – October 13-15, 2025

EXHIBITOR INFORMATION

Tabletops: Exhibitors are provided with one six-foot-skirted table and two (2) chairs. Tabletop space will not permit exhibitors to have traditional pop-up displays unless they are six feet in length or smaller. Also, nothing is permitted in front of the table. Your display and/or information must be confined to the top of the six-foot table.

Note: We will not be assigning companies a specific tabletop number, as set-up will be on a first-come, first-served basis.

Hotel Information: The 2025 Expo will take place at the Embassy Suites by Hilton Sacramento Riverfront Promenade, 100 Capitol Mall, Sacramento, CA 95814. To make your room reservation, please call 916.326.5000 and let the Front Desk Agent know you would like to make a reservation under the [CalCom Annual Conference](#) discounted rate, or visit www.sacramento.embassysuites.com and make a reservation using the group/convention code **913**. The cut-off date to receive the group rate is **Friday, September 19, 2025**. As a reminder, guests have 48 hours prior to arrival to cancel a reservation without penalty. No-shows will be billed for one night's room and tax.



Check in→ **4:00pm**

Check out→ **11:00am**

Shipping & Material Handling: Items may be delivered up to three (3) working days prior to the event start date. The following information must be included on all packages to ensure proper delivery.

1. Name of Organization/Event.....(**CalCom Fall Conference & Expo**)
2. Date of Event/Function.....(**October 13-15, 2025**)
3. Guest Name (or Vendor Name)(**your name or company name**)
4. Attention to Catering Manager.....(**Attention: Jordan Schulz, Catering Manager**)

If you're shipping your packages back home, the following is required:

1. Packages must be sealed, and shipping labels must be affixed.
2. A pickup must be scheduled, and confirmation sent to the Sales or Catering Manager.

For delivery and storage of packages, a handling fee of \$2.00 per package will be assessed. Over-sized packages and pallets will incur a handling fee of \$20 per unit based on the size and complexity of the package/pallet the fee may increase.

At no time is the hotel responsible for lost, stolen, or damaged packages.

2025 CalCom Fall Conference & Expo – October 13-15, 2025

Schedule:

• Monday, October 13, 2025

| | |
|----------------|--|
| 10:00am-6:00pm | Conference Registration & Exhibitor Set-up |
| 6:30pm | Casino Night & Karaoke |

• Tuesday, October 14, 2025

| | |
|---------------|------------------|
| 7:30am-8:00am | Exhibitor Set-up |
| 8:00am-5:45pm | EXPO Hall OPEN |

| | |
|----------------|---------------|
| 9:15am-10:30am | Morning Break |
|----------------|---------------|

| | |
|----------------|------------------|
| 12:00pm-1:00pm | Networking Lunch |
|----------------|------------------|

| | |
|---------------|--|
| 2:30pm-4:45pm | EXPO Hall & Robert Ringman Scholarship Fund SILENT AUCTION |
| 4:45pm-5:45pm | Associates Cocktail Hour in the EXPO Hall |
| 5:45pm | Exhibitor Tear-Down |

| | |
|----------------|--|
| 6:00pm-10:00pm | Association Dinner - Punch Bowl Social |
|----------------|--|

• Exhibitor Name Badge Form:

Please send the [Badge Form](#) included in this packet by October 6th. All badges will be in the packet listed under your company's name available upon check-in at the CalCom registration desk.



Thank you for joining us. We look forward to seeing you in 2026!!

Exhibitor Name Badges:

PLEASE PROVIDE THE NAMES OF YOUR TWO (2) COMPLIMENTARY TABLETOP STAFF:

1. Name: _____ Company: _____

2. Name: _____ Company: _____

ADDITIONAL TABLETOP STAFF: There will be a **\$100 charge per person** for additional tabletop staff above and beyond the two (2) listed above. Please list the names of any additional staff.

1. Name: _____ Company: _____

2. Name: _____ Company: _____

3. Name: _____ Company: _____

PAYMENT INFORMATION: Total amount due for additional staff: \$ _____

☐ Please charge the following credit card for the above amount:

Credit Card Number: _____

Exp. Date (month/year): _____ 3- or 4-digit Authorization Code: _____

Billing Zip Code: _____

☐ Please invoice me for the amount listed above.

Please return this form to CalCom via mail/email by Monday, October 6, 2025

California Communications Association • 3626 Fair Oaks Blvd., #100 • Sacramento, CA 95864

Email: info@calcomassn.org