

# Crop Consultant CONFERENCE

IN COLLABORATION WITH



SEPTEMBER 24 - 25, 2025

VISALIA CONVENTION CENTER

# EXHIBITOR INFORMATION

**CLICK TO DOWNLOAD**

## TENTATIVE SCHEDULE

SEPTEMBER 24, 2025

BREAKFAST AND TRADE SHOW: 7:00AM — 8:00AM  
SESSIONS: 8:00AM — 10:00AM  
BREAK AND TRADE SHOW: 10:00AM — 11:00AM  
SESSIONS: 11:00AM — 12:00PM  
LUNCH: 12:00PM — 1:00PM  
SESSIONS: 1:00PM — 3:00PM  
BREAK AND TRADE SHOW: 3:00PM — 4:00PM  
SESSIONS: 4:00PM — 5:00PM  
MIXER: 5:00PM — 6:00PM

SEPTEMBER 25, 2025

BREAKFAST AND TRADE SHOW: 7:00AM — 8:00AM  
SESSIONS: 8:00AM — 10:00AM  
BREAK AND TRADE SHOW: 10:00AM — 11:00AM  
SESSIONS: 11:00AM — 12:00PM  
LUNCH: 12:00PM — 1:00PM  
SESSIONS: 1:00PM — 2:30PM



Dear Exhibitor,

On behalf of our team, I would like to thank you for choosing to exhibit at our **2025 Crop Consultant Conference**, hosted by **Progressive Crop Consultant Magazine** and co-hosted by **Western Region Certified Crop Advisers**.

Enclosed you will find information for the conference. Please refer to this exhibitor kit regarding staff registration, move-in / move-out information, digital guide ad, liability insurance certificate, tote bag items and order options for electricity not included with your booth package.

We also reserved a block of rooms for the conference and partnered with the following hotels for those who need overnight accommodation:

- [Visalia Marriott at the Convention Center](#),
- [Comfort Suites Visalia Convention Center](#) and
- [The Darling Hotel](#).

We look forward to seeing you at the conference.

Sincerely,

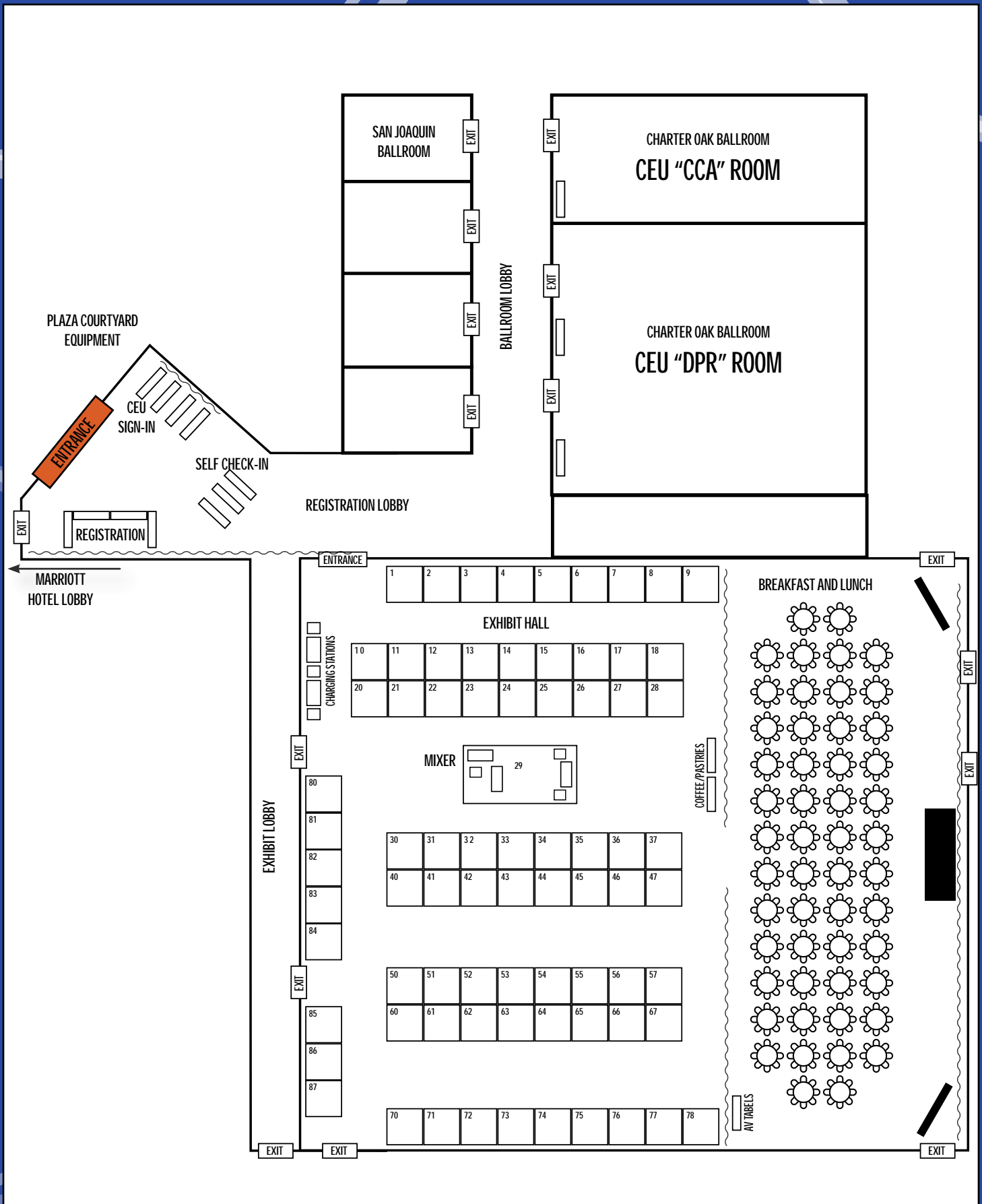
*Jason Scott*

Jason Scott | Publisher

# VISALIA CONVENTION CENTER

303 E ACEQUIA AVE, VISALIA, CA 93291

Crop Consultant  
CONFERENCE



## **NEW! REGISTER YOUR EXHIBIT STAFF**

You asked and we listened! Your exhibit comes with 2 complimentary registrations, register your exhibit staff today to save time at check-in. Use the individuals' own email addresses as those will be needed for their on-line CEU sessions:

<https://myaglife.com/exhibitor-event-registration/>

## **MOVE-IN**

September 23, 2025: noon – 5PM

## **SHOW HOURS**

September 24, 2025: 7AM – 6:00PM and September 25, 2025: 7AM – 1:00PM

## **MOVE-OUT**

September 25, 2025 1:00PM – 4:00PM

## **NEED TO ORDER ELECTRICITY, TOTE BAG INSERT OR DIGITAL AD?**

Add your order by **SEPT 10, 2025**: <https://mediakit.jcsmarketinginc.com/trade-shows/>

## **CERTIFICATE OF LIABILITY INSURANCE** due by **SEPT 10, 2025**

All exhibitors are required to have Comprehensive General Liability Insurance of not less than \$1,000,000 for bodily injury and/or property damage, with the following listed as additionally insured: JCS Marketing, Inc., Crop Consultant Conference and Visalia Convention Center. While all exhibitors are required to have this insurance coverage, only those exhibitors with booths larger than a 10x10 booth must provide proof of a copy of that insurance by uploading the certificate of insurance by the due date. Exhibitors who fail to provide proof of insurance will not be allowed to move-in until coverage is provided. Sample certificate of insurance to send to your insurance company is included in this document. Upload <https://www.wcngg.com/upload-proof-of-insurance/>

## **TOTE BAG ITEM** due by **SEPT 10, 2025**

Mail/deliver: JCS Marketing Inc., Attn: Jay Visser, 8469 N. Millbrook Ave, Suite 101, Fresno, CA 93720

## **DIGITAL AD AND DIGITAL SPONSOR FILE** –if applicable to your order – due by **SEPTEMBER 15, 2025**

Specs for digital ad: 8.5in by 11in vertical digital file in RGB format, resolution set at min. 72dpi, 792px by 612px, full color, full page, digital ad, no crop/registration marks necessary. Will be sent in “thank you” email following the conference. Upload digital ads and sponsor files <https://mediakit.jcsmarketinginc.com/advertiser-upload/>

### **ARE YOU A PCA / CCA / CONSULTANT AND NEED CEU HOURS?**

Your exhibit comes with 2 complimentary conference registrations, which provide access to both in-person and on-line CEU sessions. In-person sessions: **MUST** sign-in each morning at **CEU registration desk**, attend sessions and receive Verification of Completion (VOC) at the end of **each day**. On-line sessions: obtain login information, complete sessions at your own pace and receive Verification of Completion upon successful completion of each on-line CEU session; available until December 31, 2025.

### **QUESTIONS ABOUT YOUR SPONSORSHIP / EXHIBITING?**

Call our office (559) 352-4456 or email Rita Edwards [rita@jcsmarketinginc.com](mailto:rita@jcsmarketinginc.com)

### **ON-SITE POINT OF CONTACT**

Jay Visser (559) 289-1980 and Rita Edwards (916) 792-2308

### **HOST HOTEL OPTIONS**

[VISALIA MARRIOTT AT THE CONVENTION CENTER](#) 559-636-1111 – please use the embedded link to the reservation portal to receive our negotiated discount rate.

[COMFORT SUITES VISALIA CONVENTION CENTER](#) 559-738-1700 – please ask for Crop Consultant Conference when calling to receive our negotiated discount rate.

[THE DARLING HOTEL](#) 559-713-2113 – please ask for Crop Consultant Conference when calling to receive our negotiated discount rate.





# CERTIFICATE OF INSURANCE SAMPLE

**Crop Consultant**  
CONFERENCE



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**CURRENT DATE**

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 have ADDITIONAL INSURED provisions or 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	<b>INSURANCE AGENT NAME AND ADDRESS</b>	CONTACT NAME:	
		PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	<b>INSURED NAME AND ADDRESS</b>	INSURER A: <b>INSURANCE COMPANY NAME</b>	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: W02036242 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE 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 MAY PERTAIN, 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 BNSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	MINIMUM LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <b>MUST BE SELECTED</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		<b>POLICY NUMBER</b>		<b>CURRENT POLICY PERIOD MUST COVER</b>	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea Occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPIOP AGG \$1,000,000 PROFESSIONAL LIABILITY LEGAL LIAB TO PARTICIPANTS	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY NOT PROVIDED WHILE IN HAWAII						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
	MEDICAL PAYMENTS FOR PARTICIPANTS						PRIMARY MEDICAL EXCESS MEDICAL	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**JCS MARKETING, INC.**  
**ADD EVENT NAME, DATES AND ENDORSEMENT FORM# - FORM TO BE ATTACHED**  
**THIS INSURANCE SHALL BE PRIMARY AND NON-CONTRIBUTORY.**

CERTIFICATE HOLDER	CANCELLATION
JCS Marketing, Inc. P.O. Box 27772 Fresno, CA 93729	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
	<b>SIGNATURE</b>

POLICY NUMBER: **POLICY NUMBER**

COMMERCIAL GENERAL LIABILITY  
CG 20 26 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
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JCS Marketing, Inc. P.O. Box 27772 Fresno, CA 93729
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Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.