



California
WALNUT
CONFERENCE

FEBRUARY 19, 2026

STANISLAUS COUNTY FAIRGROUNDS
900 N BROADWAY, TURLOCK, CA 95380

**EXHIBITOR
INFORMATION**

EXHIBITS/TRADESHOW HOURS:
FEB 19, 2026 7:00AM - 4:00PM

A close-up photograph of a large pile of walnuts, including both whole shells and cracked open ones showing the light-colored nutmeat.

CLICK TO DOWNLOAD

HOSTED BY:

WEST COAST NUT

IN COLLABORATION WITH:





Dear Exhibitor,

On behalf of our team, I would like to thank you for choosing to exhibit at our annual **California Walnut Conference**, hosted by **West Coast Nut Magazine** in collaboration with the **California Walnut Board and Commission**.

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

This year's conference introduces marketing talks, designed to engage participants and explore innovative strategies that **benefit the walnut industry and exhibitors** alike. A late trade show break ensures more time to connect with participants, followed by an evening mixer for networking and relationship-building in a relaxed setting. We kindly ask exhibitors to **stay on-site through the mixer before packing up**. Your participation is key to maximizing these opportunities and ensuring the conference's success.

Sacramento Stage Lighting (SSL) will be assisting us this year to meet all of your exhibitor needs. If you have any questions after reviewing these forms, please contact SSL by phone: (916) 447-3258 or by email: orders@sacstagelight.com.

For those needing overnight accommodations, local option is the SpringHill Suites by Marriott Turlock (209) 667-7777.

We look forward to working with you and moving the industry forward together.

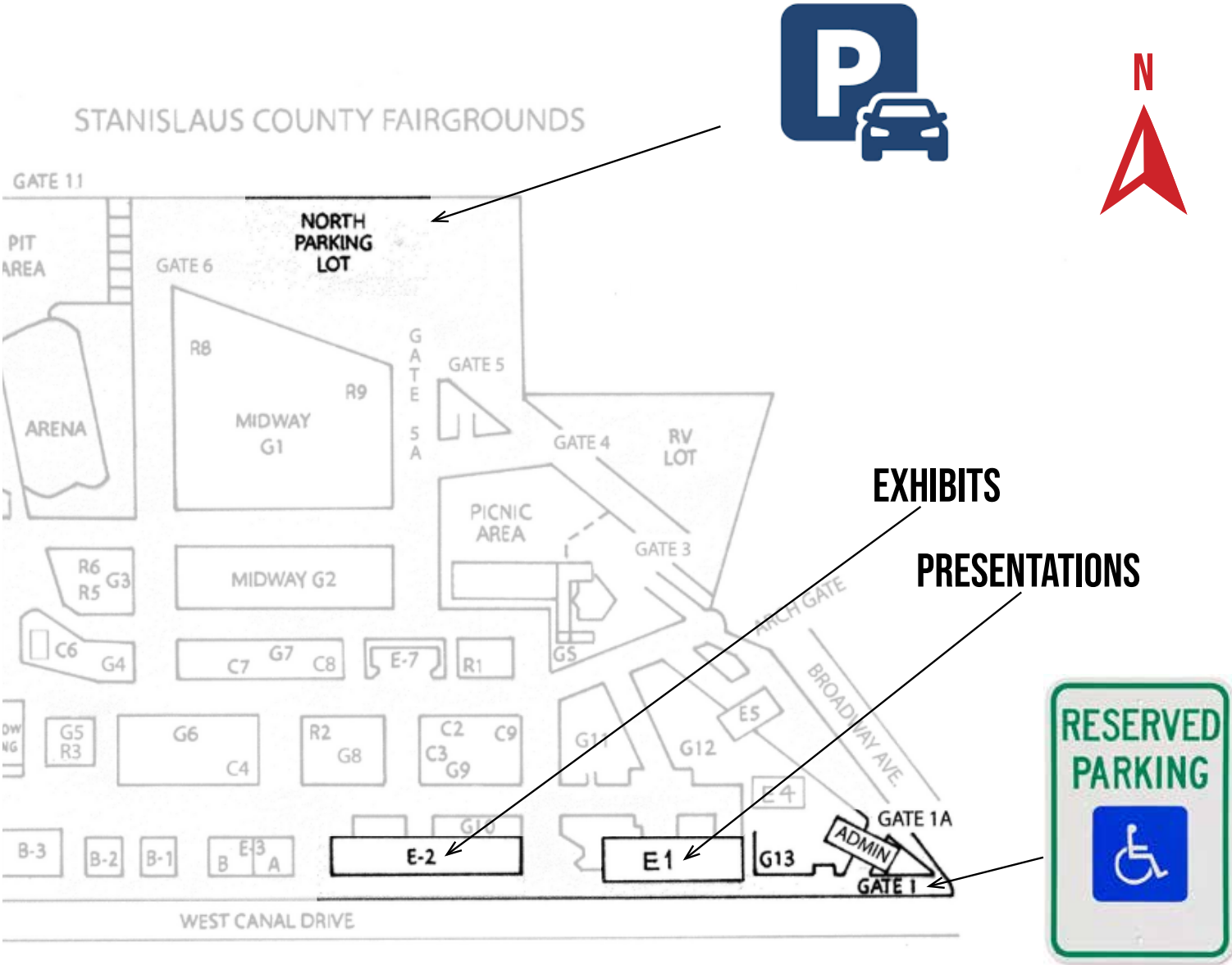
Sincerely,

Jason Scott
Jason Scott | Publisher



FEBRUARY 19, 2026

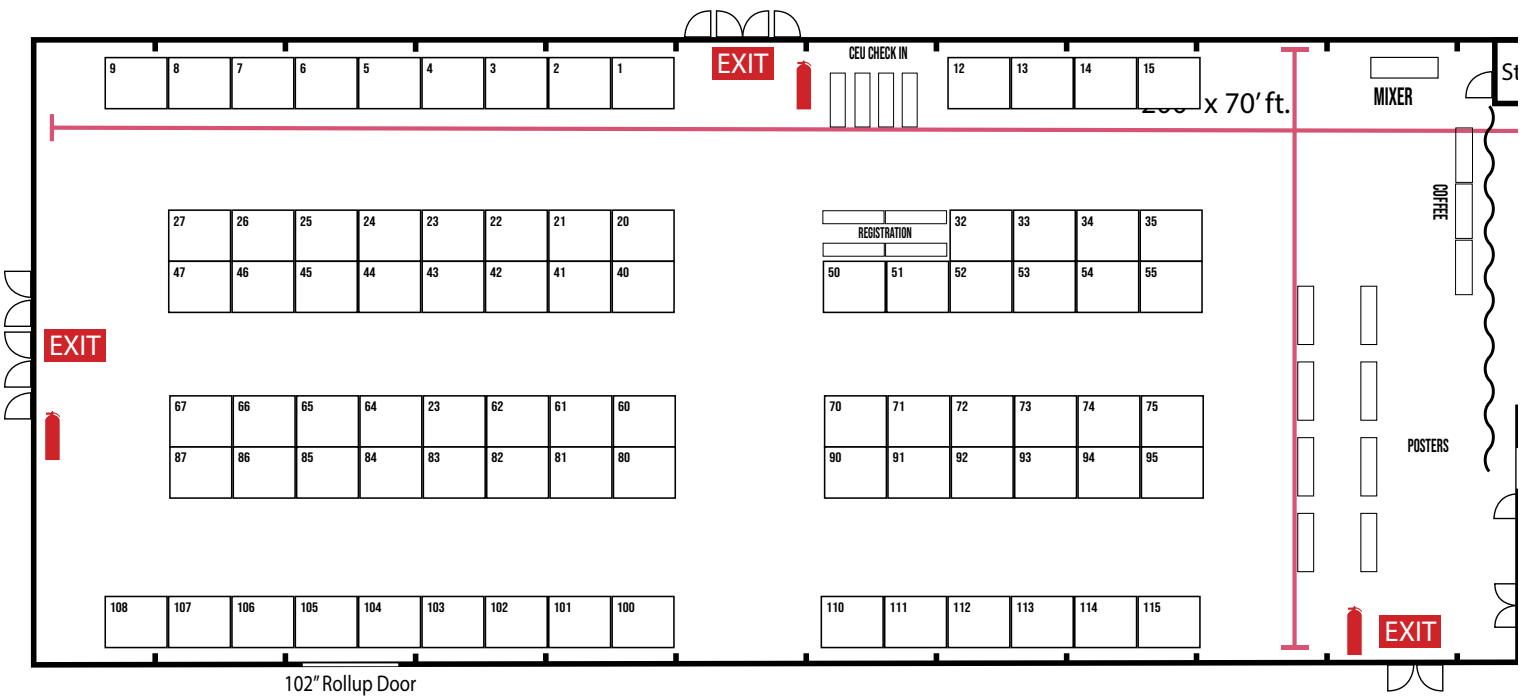
STANISLAUS COUNTY FAIRGROUNDS, TURLOCK





BLDG E-2: EXHIBITS

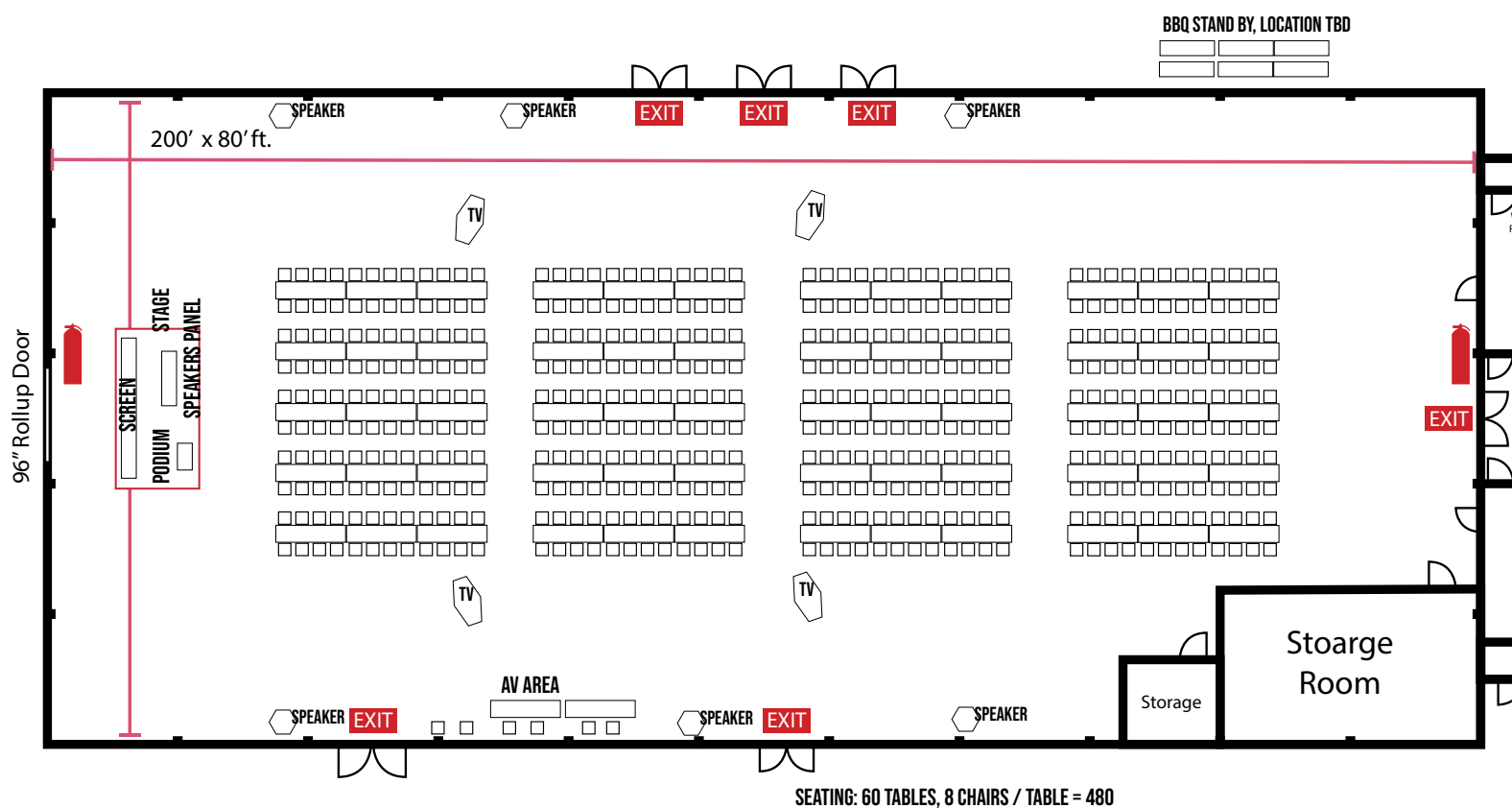
Pending Fire Marshal Final Approval



STANISLAUS COUNTY FAIRGROUNDS, TURLOCK



Pending Fire Marshal Final Approval



FEBRUARY 19, 2026

STANISLAUS COUNTY FAIRGROUNDS, TURLOCK



REGISTER YOUR EXHIBITOR STAFF — Due by Jan 31, 2026

You asked and we listened! Register your exhibitor staff today to save time at your check-in:

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

MOVE-IN: Use Gate# 1 or Gate# 5 – see map for details. Gates close at 5PM.

Outdoor/Equipment: Feb 17, 2026 noon – 4PM and Feb 18, 2025 7AM – 11AM

Indoor: Feb 18, 2026 noon – 4PM

EXHIBITS/TRADESHOW HOURS: Park in North Parking Lot – see map for details.

Feb 19, 2026 7AM – 4PM

MOVE-OUT: Use Gate# 1 or Gate# 5 – see map for details. Gates close at 6PM.

Feb 19, 2026 4PM – 6PM

LIABILITY INSURANCE — Due by Jan 31, 2026

All exhibitors are required to have Comprehensive General Liability Insurance of at least \$1,000,000 for bodily injury/property damage, with the following listed as additionally insured: JCS Marketing, Inc., California Walnut Conference and Stanislaus County Fairgrounds. Exhibitors with booths larger than 10x10 must upload proof of insurance by the due date. Sample certificate of insurance to send to your insurance company is included in this document. No move-in without coverage.

Upload <https://www.wcngg.com/upload-proof-of-insurance/>

TOTE BAG ITEM — Due by Jan 31, 2026

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

DIGITAL AD AND SPONSOR FILE — Due by Jan 31, 2026

Specs: 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 <https://mediakit.jcsmarketinginc.com/advertiser-upload/>

HAVE QUESTIONS ABOUT YOUR SPONSORSHIP / EXHIBIT?

Call our office (559) 352-4456 or email Chyann Stiles chyann@jcsmarketinginc.com

ONSITE POINT OF CONTACT

Jay Visser (559) 289-1980 and
Chyann Stiles (559) 513-5386

HOST HOTEL

SpringHill Suites by Marriott Turlock
(209) 667-7777
191 N Tully Rd, Turlock, CA 95380



FEBRUARY 19, 2026

STANISLAUS COUNTY FAIRGROUNDS, TURLOCK


California
WALNUT
 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 INSURANCE AGENT NAME AND ADDRESS | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| | E-MAIL ADDRESS: | |
| | PRODUCER CUSTOMER ID: | |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED INSURED NAME AND ADDRESS | INSURER A: | INSURANCE COMPANY NAME |
| | 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 INSD | 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 MUST BE SELECTED GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: | | | POLICY NUMBER | | CURRENT POLICY PERIOD MUST COVER | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea Occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PROFESSIONAL LIABILITY LEGAL LIAB TO PARTICIPANTS | \$1,000,000 \$1,000,000 \$5,000 \$1,000,000 \$2,000,000 \$1,000,000 |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> 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

 JCS Marketing, Inc.
 P.O. Box 27772
 Fresno, CA 93729

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

SIGNATURE

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) |
|--|
| JCS Marketing, Inc. P.O. Box 27772 Fresno, CA 93729 |
| 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.