



**California Dairy  
Sustainability  
Summit**

# **SPONSOR AND EXHIBITOR INFORMATION**

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**March 24, 2026**

Visalia Convention Center  
303 E Acequia Ave, Visalia, CA 93291



# California Dairy Sustainability Summit



**MARKETING**

PO BOX 27772 | FRESNO CA | 93729  
Phone: (559) 352-4456

Dear Sponsors and Exhibitors,

On behalf of our teams, we would like to thank you for joining us at **2026 California Dairy Sustainability Summit**. This premier event, hosted by Dairy Cares, California Milk Advisory Board, Dairy Council of California, California Dairy Quality Assurance Program, and California Dairy Research Foundation and organized with JCS Marketing, empowers dairy owners and employees with information and tools to enhance the economic & environmental sustainability of their operation.

We are honored to have the support of leading organizations, including the California Dairy Campaign, California Dairies, Inc., California Farm Bureau Federation, Dairy Farmers of America, Hilmar Cheese Company, Land O'Lakes, Inc., Milk Producers Council, Producer's Dairy, Joseph Gallo Farms, Valley Milk, LLC, and Western United Dairies Foundation.

Enclosed you will find information for the conference. For those exhibiting, please refer to this document for all details needed.

We also have arranged a block of rooms for the conference with preferred hotels, for those who need overnight accommodation, see details in this document.

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

Sincerely,

*Michael Boccadoro*

Michael Boccadoro  
Executive Director  
Dairy Cares

and

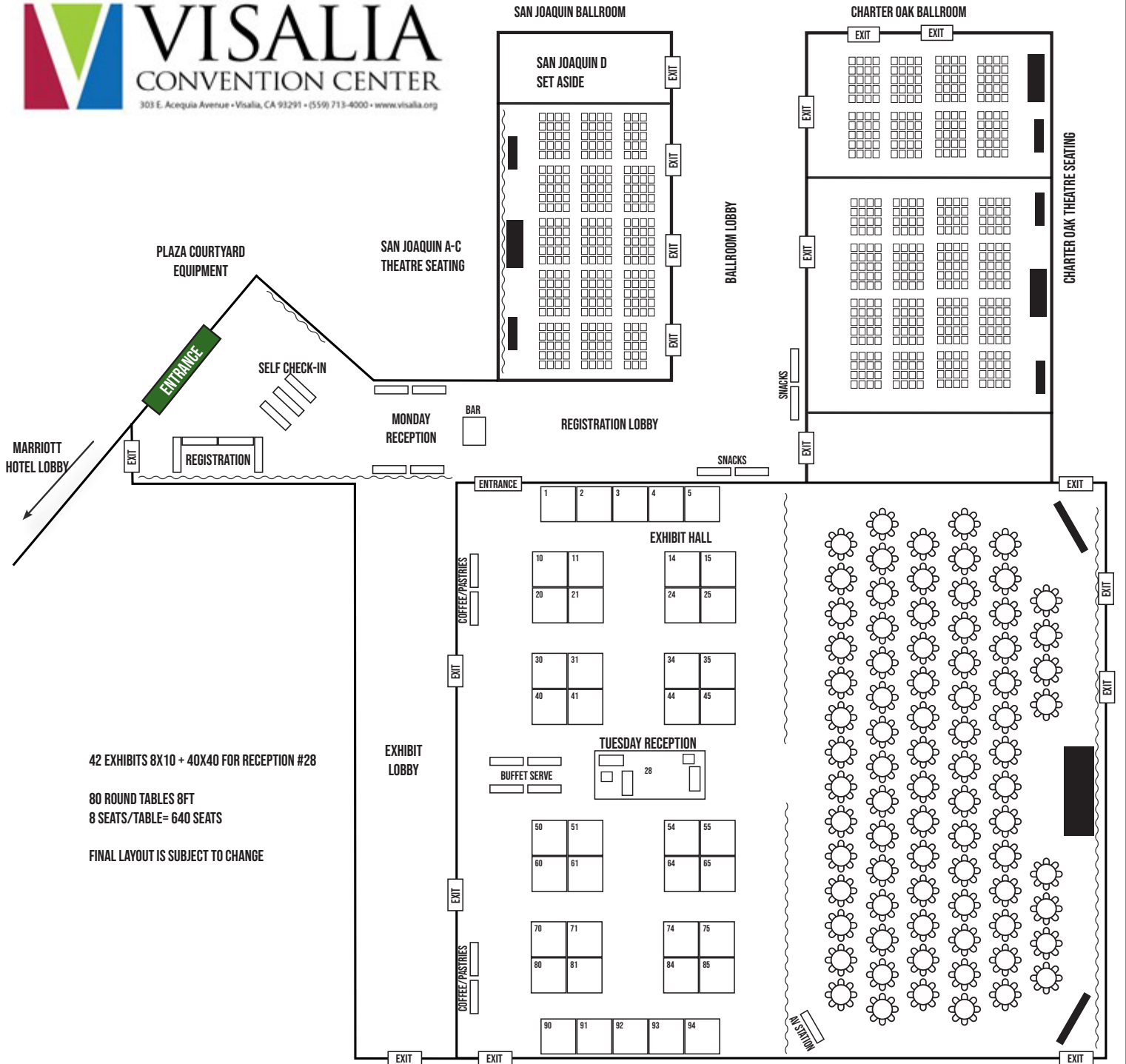
*Jason Scott*

Jason Scott  
Publisher  
JCS Marketing, Inc.



# California Dairy Sustainability Summit

**MARCH 24, 2026**  
**VISALIA CONVENTION CENTER**  
**VISALIA, CA**



**NEW! REGISTER YOUR STAFF:** register your staff before March 10, 2026 to save time at your check-in; no on-site registration: <https://myaglife.com/exhibitor-event-registration/>

**MOVE-IN:** See map for details. Doors open at 7AM

March 23, 2026: noon – 4PM

The California Milk Advisory Board will host a Dairy Innovation and Education Reception at the Visalia Convention Center lobby from 5-6:30 pm on Monday, March 23. The event includes a visit from Dairy Council of California's Mobile Dairy Classroom. Join us if you can for this welcome reception.

**EXHIBITS/TRADESHOW HOURS:**

March 24, 2026: 7AM – 5:30PM with reception in the exhibit hall 3:30PM - 5:30PM

**MOVE-OUT:** See map for details. Doors close at 6:30PM

March 24, 2026: 5:30PM – 6:30PM

**INTERACTIVE EXHIBITOR MAP:**

You will be receiving a link 4 to 8 weeks before the summit to fill in your profile for the interactive online map.

**TOTE BAG ITEM** Due by March 10, 2026

Please note that any printed materials require approval by Jennifer Bingham, Dairy Cares, please email her the digital file(s) [jbingham@westcoastadvisors.com](mailto:jbingham@westcoastadvisors.com) Once material is approved, please mail/deliver to JCS Marketing Inc., Attn: Chyann Stiles, 8469 N. Millbrook Ave, Suite 101, Fresno, CA 93720

**LIABILITY INSURANCE** Due by March 10, 2026

All exhibitors must have Comprehensive General Liability Insurance of at least \$1,000,000 for bodily injury/property damage, with the following listed as additionally insured: Dairy Cares, JCS Marketing, Inc., and Visalia Convention Center. Exhibitors with booths larger than 10x10 must upload proof of insurance by the due date. No move-in without coverage. Sample certificate of insurance to send to your insurance company is included in this document. [Upload Here](#)

**HOST HOTEL**

Visalia Marriott at the Convention Center, 300 S. Court Street, Visalia, CA, 93291.

Phone: 559-636 -1111. Book hotel room: [Click Here](#)

Comfort Suites Visalia at the Convention Center, 210 E Acequia Ave, Visalia, CA 93291

Phone: 559-738-1700 – please ask for California Dairy Sustainability Summit when calling to receive our negotiated hotel room rate.

The Darling Hotel, 210 N Court St, Visalia, CA 93291

Phone: 559-713-2113 – please ask for California Dairy Sustainability Summit when calling to receive our negotiated hotel room rate.

**HAVE QUESTIONS ABOUT YOUR SPONSORSHIP / EXHIBIT?**

Jennifer Bingham, Dairy Cares at 916-717-9456 or email [jbingham@westcoastadvisors.com](mailto:jbingham@westcoastadvisors.com)

**ONSITE POINT OF CONTACT**

Chyann Stiles, JCS Marketing at 559-513-5389 or email [cyhann@jcsmarketinginc.com](mailto:cyhann@jcsmarketinginc.com)



## 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:		
INSURED  <b>INSURED NAME AND ADDRESS</b>	INSURER(S) AFFORDING COVERAGE	
	INSURER A: <b>INSURANCE COMPANY NAME</b>	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		NAIC #

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 <b>MUST BE SELECTED</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			<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 - COMP/OP AGG \$1,000,000 PROFESSIONAL LIABILITY LEGAL LIAB TO PARTICIPANTS COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	
	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							
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE 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.

303 E. Acequia  
Visalia, CA 93291  
Email: [vcc@visalia.city](mailto:vcc@visalia.city)  
Website: [www.visalia.org](http://www.visalia.org)  
Phone: (559) 713-4000  
Fax (559) 713-4804

