

Decisions That Impact Your Yield, Quality, and Profit

**JUNE 3, 2026**

**FRESNO FAIRGROUNDS**

**1121 S CHANCE AVE, FRESNO, CA 93702**

**EXHIBITOR  
INFORMATION**



Dear Exhibitor,

On behalf of our team, I would like to thank you for choosing to exhibit at our annual Almond Day event, hosted by **West Coast Nut Magazine**.

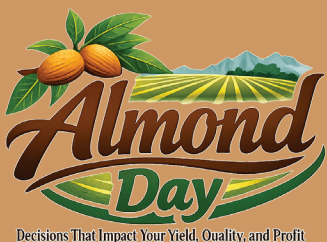
Enclosed you will find information for the conference. Please refer to this exhibitor kit regarding move-in / move-out information, digital guide ad, liability insurance certificate, tote bag items and other details about your exhibit.

For those needing overnight accommodation, local hotel is the Fairfield Inn & Suites by Marriott Fresno Clovis.

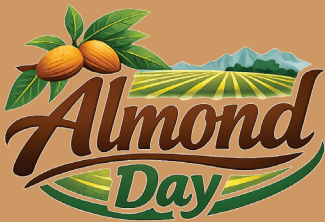
We look forward to working with you and moving the industry forward together.

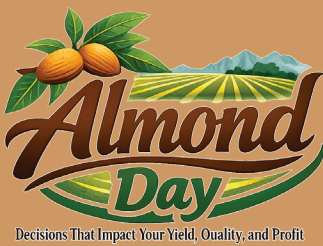
Sincerely,

*Jason Scott*  
Jason Scott | Publisher



**JUNE 03, 2026**  
**FRESNO FAIRGROUNDS, FRESNO, CA**





JUNE 03, 2026

FRESNO FAIRGROUNDS, FRESNO, CA

**NEW! REGISTER YOUR EXHIBITOR STAFF**

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 Chance entrance - see map for details. Gates close at 5PM.  
Outdoor/Equipment: June 2, 2026: noon – 4PM and June 3, 2026: 8AM – 11AM  
Indoor: June 2, 2026: noon – 4PM

**EXHIBITS AND TRADESHOW HOURS:** Park in Chance Parking Lot  
June 3rd, 2026: 7AM – 1:00PM

**MOVE-OUT:** Use Chance Ave Entrance - see map for details. Gates close at 5PM.  
Indoor and Outdoor/Equipment: June 3, 2026: 1:00PM – 4:00PM

**LIABILITY INSURANCE:** Due by May 27, 2026

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., Almond Day and Fresno Fairgrounds. 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/>

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

Add your order: <https://mediakit.jcsmarketinginc.com/trade-shows/>

**TOTE BAG INSERT:** Due by May 27, 2026

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

**DIGITAL AD AND SPONSOR FILE:** Due by May 27, 2026

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/>

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

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

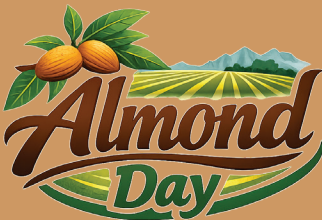
**ONSITE POINT OF CONTACT**

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

**HOST HOTELS**

Fairfield Inn & Suites By Marriott  
50 N Clovis Ave, Fresno, CA 93612  
Phone (559) 214-1038

La Quinta Inn by Wyndham Fresno  
2926 Tulare St, Fresno, CA 93721  
Phone (559) 323-8080



Decisions That Impact Your Yield, Quality, and Profit

JUNE 03, 2026

FRESNO FAIRGROUNDS, FRESNO, CA



**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):                |        |
| INSURED  | <b>INSURED NAME AND ADDRESS</b>         | E-MAIL ADDRESS:               |                               |        |
|          |   | PRODUCER CUSTOMER ID:         |                               |        |
|          |   | INSURER(S) AFFORDING COVERAGE |                               | NAIC # |
|          |   | INSURER A:                    | <b>INSURANCE COMPANY NAME</b> |        |
|          |   | INSURER B:                    |                               |        |
|          |   | INSURER C:                    |                               |        |
|          |   | INSURER D:                    |                               |        |
|          |   | INSURER E:                    |                               |        |
|          |   | INSURER F:                    |                               |        |

COVERAGES CERTIFICATE NUMBER: W02036242 REVISION NUMBER:

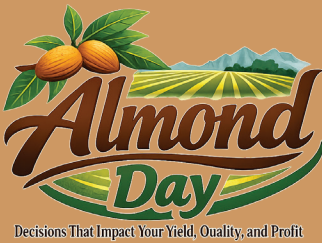
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><b>MUST BE SELECTED</b><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: | X         |          | <b>POLICY NUMBER</b> | <b>CURRENT POLICY PERIOD MUST COVER</b> |                         | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea Occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>PROFESSIONAL LIABILITY<br>LEGAL LIAB TO PARTICIPANTS | \$1,000,000<br>\$1,000,000<br>\$5,000<br>\$1,000,000<br>\$2,000,000<br>\$1,000,000 |
|          | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> NOT PROVIDED WHILE IN HAWAII  |           |          |                      |   |                         | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)  |  |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION  |           |          |                      |   |                         | EACH OCCURRENCE<br>AGGREGATE   |  |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/><br>If yes, describe under DESCRIPTION OF OPERATIONS below   | N/A       |          |                      |   |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT   |  |
|          | MEDICAL PAYMENTS FOR PARTICIPANTS  |           |          |                      |   |                         | PRIMARY MEDICAL<br>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.**

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



JUNE 03, 2026

FRESNO FAIRGROUNDS, FRESNO, CA

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.<br>P.O. Box 27772<br>Fresno, CA 93729  |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

**SAMPLE**  
SEND TO YOUR  
INSURANCE COMPANY

**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.