

EXHIBITOR REGISTRATION FORM

WOCN –SCR Conference – October 3-8, 2009

Exhibitor's Company Name: (as you want to be listed)

Name and Address/ phone or fax of contact person:

Exhibitors attending:

Name _____

Name _____

Limited to two

1. Booth space

One booth \$300 window table _____ # booths

One booth \$450 10 top table _____ # booths

2. Sponsorship:

Education Grants _____

Printing/ Postage _____

Program Syllabus _____

Laptop _____

3. Guest \$50 (entire conference) _____

****Make Checks payable to WOCN SCR**

Please return this form and check before May 30, 2009

Mail to: Catherine Short

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