

Exhibitor/Vendor Registration Form

University of Wisconsin-Platteville Office of Continuing Education
21st Annual Early Childhood Conference
March 29, 2008

Register online at http://www.uwplatt.edu/cont_ed/childhood/index.html

1. Company Name _____
Representative _____
Company Address _____

Company Phone _____ Representative Phone _____
Fax Number _____ E-mail _____

2. Number of six-foot tables desired: (includes a box lunch, coffee break, and refreshments during set up).
 - 1 table (\$55)
 - 2 tables (\$90)
 - More than 2 (\$90 + \$25 per additional table)3 tables = \$ 115 4 tables = \$140 _____ number of tables _____ amount
***All tables must be purchased- no personal tables will be allowed into the building.

3. Additional requests:
 - Wall space
 - Electricity

4. Set up times: Please check one
 - 6:00 p.m.-8:00 p.m. on Friday, March 28
 - 6:30 a.m.-7:30 a.m. on Saturday, March 29

5. Payment: Please check the payment option preferred.
 - Please reserve space and bill our company
 - Call credit card information to 608-342-1314 or 1-888-281-9472
 - Fax credit card information to 608-342-1454

6. Our company can provide the following door prizes: _____

7. Our company would like to be in the coupon book. Yes No
If yes, what would you like your coupon to say? (you may design your own and send it to us or we can design it for you; coupons are 8" x 3" one-sided) _____

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NOTE: There will be no refunds for cancellations received after March 7, 2008.