



Vendor Registration/Support Form
Early Years Conference
November 18 & 19, 2010

Name _____

Organization/Company _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____

E-mail _____

Your \$500 fee will cover:

- One buffet lunch on November 19th (Additional lunches may be purchased for \$15)
- Six-foot table
- Power (if requested)

***Nonprofit and government organizations will receive a 50% discount**

Please complete the following for a reservation:

- Electricity needed yes no
 There will be a demonstration yes no
 Items will be sold yes no
 There will be membership recruitment yes no
 I will sponsor refreshments yes no
 I will provide a door prize yes no
 I will provide _____ for the registration packets

(must be pre-approved)

Vendor Table(s) _____ @ \$500 (\$250 nonprofit) = _____

Additional Lunches _____ @ \$15 = _____

Refreshment Sponsorship \$ _____

Other Sponsorship \$ _____

Total Amount Enclosed \$ _____

Make checks payable to “Early Years” and mail by October 1, 2010 to:

Maureen Wiseman
 Idaho Department of Health and Welfare
 450 W State Street, 5th Floor
 Boise, Idaho 83702

In order to hold your reservation, the fee must accompany this form