



KAEYC Conference

Saturday, October 10, 2009

Kansas State University in Manhattan, KS

Exhibitors, Resources and Donation Application Form

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____ Please include

Contact Person: _____ Product: _____

Yes! We would like to be an Exhibitor at the 24th Annual Conference. Please email this form before the date indicated. Payments may follow later.

For Profit – large corporate business
 _____ Vendor Table \$200.00 per Table (before **June 5th 2009**) _____ Vendor Table \$250.00 per Table (after June 6th 2009)
Price includes one table with skirt and two chairs.

For Profit – small independent business (if you have questions concerning your qualifications for this area please contact me)
 _____ Vendor Table \$75.00 per Table (before **June 5th 2009**) _____ Vendor Table 100.00 (after June 6th, 2009)
Price includes one table with skirt and two chairs.

Not-for-Profit (who sells)
 _____ Vendor Table \$100.00 per Table (before **June 5th 2009**) _____ Vendor Table \$150.00 per Table (after June 6th 2009)
Price includes one table with skirt and two chairs

Not-for-Profit (display only)
 _____ Vendor Table \$50.00 per Table (before **June 5th 2009**) _____ Vendor Table \$100.00 per Table (after June 6th 2009)
Price includes one table with skirt and two chairs

Door Prize Donation _____
(Exhibitors are asked to donate a door prize worth \$25.00)

Additional Requirements:

_____ **Electrical outlet needed** – additional charge of \$10.00. (The exhibitor is responsible for providing approved three-way prong extension cord.) This is on a first come/first serve basis.

_____ **A Buffet lunch** will be available for exhibitors on Saturday, for \$11.00 per lunch. If you would like us to reserve one for you, please Check this box and include payment with your fee. _____ **purchase box lunch**

Exhibitors cannot sell books, but may take orders for them.

I have read the Exhibitor Agreement and fully understand my responsibility as an exhibitor at the above named conference. In addition, I certify that I have the authority to act on behalf of those I represent.

Signature of person completing the form: _____ **Date** _____

Cancellations must be made in writing to Robin VanAtta. For all cancellations prior to September 11, 2009, all monies less a \$10.00 service charge will be refunded. No refund will be available for cancellations after September 11, 2009.

Please make checks/money orders payable to KAEYC and mail to:
 Cassie Brown; 17520 Railroad Avenue; Riley, KS 66531

For more information, please contact our Exhibitor Coordinator or KAEYC Administrator:
 Cassie Brown Phone: 785-532-3700 Email: ctbrown@ksu.edu
 Robin VanAtta Phone: 785-4042071 Email: kaeycadmin@cox.net

