

2009 Summer Conference Vendor Registration

Eagle Crest Resort - Redmond, Oregon
July 30-31, 2009

Office Use Only
Rec'd

Please **print clearly** and provide information as you want it to appear in conference materials.

Company:	
Address:	
City, State, Zip:	Web address:
Phone:	
Business Description:	

Booth Registration	Member	Non-Member	Quantity	Total	Office Use
8'x8' Exhibitor Booth	\$700	\$800		\$	
Shoulder Rubber (no booth, per person)	\$325	\$425		\$	

Requests

Table: <input type="checkbox"/> 8' table	Office Use Only
<input type="checkbox"/> No table	

Attending Representatives *First 2 free with booth. Names are non-transferable after June 15, 2009.*

Name:	Title:					
E-mail:	Phone:					
Name:	Title:					
E-mail:	Phone:					
Name:	Title:					
E-mail:	Phone:					
Name:	Title:					
E-mail:	Phone:					
		Member	Non-Member	Quantity	Total	Office Use
Additional Representatives		\$20	\$30		\$	

Meals, Activities and Extras

Meals are not included in the registration fee. Meals must be purchased by July 13, 2009.

Thursday	Lunch	\$20		\$	
	Dinner	\$25		\$	
	Kids (age 6-12) Dinner (<i>kids 5 & under are free</i>)	\$15		\$	
Friday	5K Run/Walk	no charge		n/c	
Friday	Lunch	\$20		\$	
Additional Workshop CD (1 included)		\$5			
Additional Quick Reference Guide (1 included)		\$5			

Electrical Needs

Will you need any dedicated service outlets for copiers, computers, etc.? If so, do they require a specific receptacle? List each receptacle needed.

We are able to provide each vendor booth with 120v current. How many amps (total) will your particular needs require?

Other electrical needs?

	Price	Quantity	Total	Office Use
Outlet strips/surge protectors	\$10 each		\$	
Extension cords	\$10 each			

(All fees must be paid in full by June 15, 2009 to guarantee exhibit space) **Total:** \$

This exhibiting company agrees to abide by the exhibit rules and regulations set forth in this contract. Said company is responsible for making sure all representatives know and abide by the rules and regulations.

Representative Signature	Print Name	Date
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Food allergies/special accommodations? _____

Make checks payable to: OASBO, 707 13th St SES, Suite 100, Salem, OR 97301
Questions? Call or E-mail Nancy Groshong at (541) 440-4029 or ngroshong@roseburg.k12.or.us

Office Use Only

Office Use Only	Date:	\$:
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