

VENDOR REGISTRATION

OCTELA Spring Conference
March 26-27, 2010
Doubletree Hotel
Worthington, Ohio

Company Name _____

LOCAL Rep Name _____

LOCAL Rep Address _____

Email _____

Phone _____

Fax _____

Please supply the applicable information requested below:

- I want _____ tables @ \$300 per table for the first table and \$250 for each subsequent table.
- My exhibit requires electricity. ___ Yes ___ No
- A check is enclosed for _____ payable to OCTELA.
- A check is forthcoming from the home office in the amount of _____ .
(PLEASE go ahead and send in your reservation via US mail, fax, or e-mail regardless of the status of the check so we can reserve tables.) An e-mail confirmation will be sent.

Please return this form no later than February 12, 2010 to:

Sheila Cantlebury
The Ohio Resource Center
1929 Kenny Road
Columbus, Ohio 43210
Phone: 614.247.5056
Fax: 614.292.2066
scantlebury@ohiorc.org