

Vendor Form

“ICAN, You Can, We Can – Together it is POSSIBLE”
2nd Annual Collegiate ATOD prevention conference
Bloomington, IN
September 29-30, 2003

Name(s): _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Vendor fee is \$200 for *both* days at the conference - this fee includes one 6 ft. table and one chair.

Please plan to have your table set up by 8:00 a.m. (Sept. 29) and broken down by 1:00 p.m.(Sept. 30).

Please check any other needs that apply:

I need an electrical outlet for my display (please bring an extension cord with you)

I need _____ additional chairs

I need an additional 6 ft. table (\$10 additional fee)

Please send this form (fax, email, mail) and your check (mail) to:

Emily Davis

55 Monument Circle, #455

Indianapolis, IN 46204 f: 317-638-3540 p: 317-638-3502 x.233

em: edavis@mentalhealthassociation.com

*you will receive confirmation and additional logistical

– THANK YOU!

