



# Exhibitor Registration Form

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Representative(s) Attending the Event: (other than above)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Please give a short description of the type of agency you are: \_\_\_\_\_

\_\_\_\_\_

Will you need an electrical outlet? (Limited Supply) \_\_\_\_\_ No \_\_\_\_\_ Yes

Do you have a backdrop? \_\_\_\_\_ No \_\_\_\_\_ Yes The height? \_\_\_\_\_

**Early Bird Registration** – Must be received/postmarked by **Friday, August 26, 2011**

\$100.00 for Non-Profit Organizations

\$150.00 for For-Profit Organizations

**Regular Registration** – Must be received/postmarked by **Friday, September 23, 2011**

\$125.00 for Non-Profit Organizations

\$200.00 for For-Profit Organizations

**Late Registration** – **From September 26 to day of event September 30**

\$150.00 for Non-Profit Organizations

\$250.00 for For-Profit Organizations

TOTAL: \$ \_\_\_\_\_

Enclosed is a check payable to: **Arapahoe County Council on Aging**

**\*\*\*Please mail to:** Malley Senior Recreation Center

3380 S. Lincoln St.

Englewood, CO 80113

Attn: Cheryl Adamson

Phone: 303-762-2662

Fax: 303-762-2669

(Office Use Only: Date Rcv'd \_\_\_\_\_ Ck. # \_\_\_\_\_ TABLE # \_\_\_\_\_)