

2010 AMEM FALL CONFERENCE VENDOR FACT SHEET

Business Name: _____

Contact Name: _____

Name of each person working in your booth that will require a name tag:

1. _____ 2. _____ 3. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Display Type: _____

One 8 foot Table provided with 2 chairs Outside Display: Yes * ___ No ___

*If 'Yes' how large an area is required: _____

Electricity: Yes ___ No ___ Outside Cable: Yes ___ No ___

Other Equipment need: _____

Estimated time of arrival: _____

Sponsorship Donation (Optional): To be noted in handbook, website and conference printed material. _____

Door Prize Donation (Optional) _____

(The donation would be for the drawing during the Vendor Tradeshow)

RETURN VENDOR FACT SHEET

BY September 6, 2010 TO:

Margaret Geisler
Conference Coordinator
6637 98th Lane North
Brooklyn Park, MN 55445
Phone: (763) 657-1399
Fax: (763) 657-1399
Email: LMgeisler66@comcast.net