

SCAEYC FALL CONFERENCE
OCTOBER 21-23, 2010
COLUMBIA MARRIOTT
1200 Hampton Street
Columbia, SC 29201
803-771-7000

VENDOR REGISTRATION FORM

PLEASE PRINT

Company Name: _____

Representative: _____

Address: _____

Contact Information:

Telephone: _____

Fax: _____

E-Mail: _____

I would like the following number of booths at the conference:

1 booth with pipe and drape @ 300.00

2 booths with pipe and drape @ 500.00

3 booths with pipe and drape @ 800.00

I will need an electrical outlet at my booth @ 75.00

Total _____

Additional information needed or additional support my company would like to provide: _____

I would like to sponsor a keynote or special session. Please contact _____

I would like to donate the following: _____

I would like to purchase the following ad space in the program:

¼ page @ \$50.00

½ page @ \$100.00

1 full page \$175.00

Please mail this form with check to
SCAEYC
P.O. Box 7111
Columbia, SC 29202