



May 5, 2009 Radisson Plaza Hotel Lexington, KY

EXHIBITOR/VENDOR REGISTRATION FORM

(Print this page or click here for printable pdf.)

EXHIBITOR/VENDOR COMPANY NAME: _____

(Vendors will be located in a specially-designated Sales Room; Exhibitors cannot sell items from their exhibit space)

PERSON COMPLETING THIS FORM: _____

PHONE NUMBER: _____ **EMAIL:** _____

χ YES χ** DO YOU REQUIRE ELECTRICITY AT YOUR TABLE? NO

** DO YOU REQUIRE ACCESS TO A PHONE LINE AT YOUR NOχ YES χTABLE?

YESχ** DO YOU WISH TO SELL ITEMS AT THE CONFERENCE? NOχ

If so, give brief description of items for sale: _____

LIST ALL PERSONS ATTENDING AND CHECK THE APPROPRIATE BOX. PLEASE ENCLOSE PAYMENT FOR ALL REGISTRANTS. ANY ADDITIONAL PERSONS REGISTERING ONSITE MUST PAY FULL REGISTRATION FEE OF \$175.

	NAME (as it should appear on nametag)	COMPANY NAME (if different from company above)	Exhibitor fee: \$300 for 1 person & 6' skirted table. (No sales from the floor)	Vendor fee: \$375 for 1 person & 6' skirted table.	Additional Exhibitor/ Vendor Associates: \$150 per person (Maximum 2)
1					
2					
3					

Price includes admission to full conference, including breakfast & awards luncheon, all materials, recognition in signage & program book, and an attendee list. Set-up time: 7:00 a.m. Materials may be dropped off or mailed anytime after April 24th to Radisson Hotel where they'll be stored until May 5. Space and electricity are available on a first-come, first served basis.

METHOD OF PAYMENT:

Total Enclosed: \$ _____

Check (payable to Women Leading Kentucky)___

Credit Card: Card # _____ Exp Date _____ Security # on front _____

Name on Card _____

Billing Address _____ **Zip** _____

Please complete and return with payment **no later than Tuesday, April 1, 2009:**

By Mail: Women Leading Kentucky
PO Box 961
Lexington, KY 40588

By FAX: 859-268-0645

Questions? info@womenleadingky.com

Phone: 859-269-3503; Fax: 859-268-0645; email: info@womenleadingky.com

Produced by j. holloway & associates