

## Exhibitor Form

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

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

**Organization/Service:** \_\_\_\_\_

- Yes! They would like to be an Exhibitor at our conference (no charge).**  
What size booth space is needed? \_\_\_\_\_

(Reminder: Exhibitor must bring their own set-up. Tables will be provided.)

- No! ☹ They cannot attend the conference but would like to send information to be posted in the Exhibitor area. (deadline for receiving display – July 30, 2004)**

- Yes! They would like to insert their promotional items and/or brochures in our conference bag or folder. (deadline for receiving items – July 30, 2004)**

- Yes! They would like to help sponsor our conference by donating:**

- Scholarships for**

- Conference Registrations (\$33 each) for a total of \$\_\_\_\_\_**
- Travel (\$100 each) for a total of \$\_\_\_\_\_**
- Award banquet for amount of \$\_\_\_\_\_**

- Door Prize Donation of** \_\_\_\_\_

**Name of person completing this form:** \_\_\_\_\_

Please make checks/money orders payable to: *ALFCCA – FY04* and mail to:  
Family Child Care Partnerships  
c/o ALFCCA  
206 Spidle Hall  
Auburn, AL 36849

**Confirmation of participation and/or items for display/inserts and/or sponsorship donations must be received by July 30, 2004.**