



[PLEASE PRINT CLEARLY]

EXHIBITOR REGISTRATION FORM

Date: _____

CONTACT INFORMATION

Company/Organization Name: _____

Contact Person: _____

Street Address: _____

City: _____ State _____ Zip Code _____

Phone Number: _____

Email: _____

VENDOR/EXHIBITOR INFORMATION

Type of Company/Organization: _____

Non-profit: Yes No

Describe your services: _____

Will you be providing free items/products to attendees? If yes, what items/products? _____

Are you willing to provide a door prize to be used in the opportunity drawing at the event? Yes No
If yes, what is the prize? _____

Do you/business plan to sell products/merchandise? Yes No

BOOTH SPACE

\$100 for (1) 10x10 booth space

(10x10) Booth space includes (1) paid registration, exhibit table with covering, chair, signage, and name recognition in conference program.

Please mail or fax form to:

University of Maryland Extension
2122 Richard A. Henson Center
University of Maryland Eastern Shore
Princess Anne, MD 21853,

Phone: 410-651-6206/6070

Fax: 410-651-6207

E-mail: mce@umes.edu