



10th Annual Stowe Weekend of Hope
 April 30 - May 2, 2010
 www.stowehope.org

Health Fair Display Space Reservation

Organization Name: _____

Contact Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Brief description of what you will have at your table (information pamphlets/flyers, products, food samples, book signing, etc.)

DISPLAY SPACE OPTIONS	FEE
For-Profit Organization (for example pharmaceutical, retail)	\$500
Health Care Facilities and Clinics (for-profit)	\$250
Non-Profit Organizations (must provide non-profit ID #)	\$50
Resource Display (product/materials only, not staffed) Please state what you will be displaying: _____ <i>(Please note that any remaining products or information will only be returned upon your request via C.O.D.)</i>	\$25
Author Book Signing 10 signed copies of book to donate to cancer centers and local libraries	No Charge
TOTAL AMOUNT DUE:	

10% of sales at the information/vendor fair should be donated to the Stowe Weekend of Hope

You will be provided with one 6' table and chair. Please state other requirements you may need.

_____(subject to approval).

Complete and mail on or before March 31, 2010, with check made payable to

Stowe Weekend of Hope 2010 (Federal Tax I.D. # 26-4134116)

Mail to:

Stowe Weekend of Hope 2010
 c/o Delaney Meeting & Event Management
 1 Mill Street, Suite 301, Burlington, VT 05401

Fax: (802) 865-8066

Email: kim@delaneymeetingevent.com

For Office Use Only:
Date Received: _____
Check #: _____
Amount: _____
Received by: _____