Vendor/Exhibitor Registration Form

VENDOR/EXHIBITOR INFORMATION

Exhibitor/Vendor Name: ______________________________________________________

Company/Organization Name: ________________________________________________

Address: __________________________________________________________________

City: ___________________________ State: __________ Zip: __________

Email: ________________________________

Phone: ___________________ FAX: ___________________

Description of items being sold or displayed: ______________________________________
                                                                                       
                                                                                       
Registration Fees: 6-foot table - $50.00 (1 lunch included per table) _________

Total _________

Please send check (payable to ICSS) and this form to ICSS Program Coordinator:

Peggy Brown
Extension and Conference Services
Eastern Illinois University
600 Lincoln Avenue
Charleston, IL 61920

For Conference Information – Please review the details at www.illinoissess.org, or contact Peggy Brown, Program Coordinator at 317-581-5114 or learn@eiu.edu.

Tentative Conference Schedule – Registration 7:30-8:30 am. Sessions begin at 8:30 am with 15-minute breaks between sessions. Lunch and the speaker will be at 12:45 pm.