

2015 Human Services Conference Exhibitor Registration Form



Exhibitor Information

*Agency/Company Name: _____

*Contact Name: _____ Title: _____

*On-Site Person(s): _____

*Street Address: _____

*City, State, Zip: _____

*Phone: _____ Fax: _____

*E-mail: _____

Web Site: _____

***What primary product or service will you exhibit at the conference?:**

VENDOR FEES	
<input type="checkbox"/> 1 Table	\$250
<input type="checkbox"/> 1 Table with Electric	\$300
<input type="checkbox"/> 2 Tables	\$475

Exhibit Signup Deadline: 4/30/15

Mail this completed form along with corresponding fees made payable to MCAP to:

*Ms. Michelle Moaney,
State Training Coordinator
Maryland Community Action Partnership
420 Chinquapin Round Road, Suite 2-1
Annapolis, MD 20401*

The deadline for Vendor/Exhibitor table request is April 25, 2015. Payment must accompany this form. For vendor information, questions, special needs or concerns please call:

Ms. Michelle Moaney at (443) 482-5168

* These answers are required

FISCAL ACCOUNTING INFORMATION (Check One Please)

- Check enclosed.** Please make checks payable to **Maryland Community Action Partnership (MCAP)**
- Purchase Order No.** _____ (If using a purchase order, please attach this form.)
- Charge:** **Visa** **MasterCard** **Discover** **American Express** (2.5% processing fee is required for credit card payments.)
- Card Number _____ Security Code: _____ Expiration Date _____
- Name as listed on Card: _____
- Email Address: _____

Payment Information: Check, purchase order, or credit card information **MUST** accompany this registration form. **Make checks payable to: Maryland Community Action Partnership (MCAP).**