



Vendor Application/Registration Form 2010

Vendor/Business Name: _____

Vendor Representative: _____

List other Representatives who will accompany you: (Names for Conference Badges)

1. _____

2. _____

Business address: _____

Website address: _____
We will advertise for you and post your website address on the LDSEHE website once payment in full is received.

Daytime phone: _____

Evening phone: _____

Email Address: _____

Type of materials/services you offer: _____

2010 LDSEHE Vendor Exhibit Prices

Please mark what you will need:

6 foot rectangular table with floor length cloth \$75.00 1 \$75.00
(If registering after April 15th, the fee will be \$100.00)

Extra 6 foot table with cloth \$35.00 _____

Electrical outlet \$20.00 _____

Total Amount Due: _____

Make checks payable to LDSEHE and mail with this **signed** application to the address on the next page.

Vendor Information and Policies

Set-up and Removal:

The Vendor Exhibit (located in the Knight Arena at SVU) will be open for set up from 5:00 pm to 9:00 pm on Wednesday May 26th, and 6:30 am to 7:30 am on Thursday May 27th. Please have your vendor exhibit set up no later than 7:30 am Thursday. Upon arrival, please sign in at Vendor Registration in the Arena.

Vendors may begin **removing** their materials at 6:00 pm on Friday. Please have everything removed by 8:00 pm.

Vendor Hall Hours:

Thursday, May 27th, 7:30 am – 7:00 pm

Friday, May 28th, 8:00 am – 6:00 pm.

Please have your vendor booth open during these times. Doors will open for vendors at 7:00 am on Thursday and Friday.

Extra Tables:

You may rent an extra table and skirting for your booth for \$35.00. You are allowed to bring your own extra tables, carts and display units, but they must fit **behind** the tables that you have rented. If you have any questions or concerns about this, please contact Melissa Coombs at the information below.

Advertising:

We are happy to offer our own LDSEHE vendor bags again this year. (There is no charge for this for paid exhibitors at the conference. There will be a charge of \$30 for non-exhibitors.) Will you be providing us advertising materials to be placed in the vendor bags? We encourage you to provide conference special coupons and other advertisements to draw people to your table during the conference.

_____yes _____no

Send your materials (200 pieces) to be **postmarked** no later than **April 30, 2010** to:

LDSEHE Vendor Bags
P.O. Box 44
York, SC 29745

Door Prizes:

Would you like to donate a door prize for the drawings that will be held? The attendees will register at your table to win the item you are donating, and you may keep their contact information.

_____yes _____no Item being donated: _____

Mail in your Application:

Please mail this Vendor Application and payment payable to LDSEHE to:

LDSEHE Vendor Application
P.O. Box 44
York, SC 29745

QUESTIONS? Contact Melissa Coombs at vendors.ldsehe@gmail.com.

I agree to all of the terms and conditions described in this application.

Signature of Responsible Party: _____ Date: _____