



Connections 2010 Exhibitor Application

Organization Name: _____

Contact Name: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Contact E-mail Address: _____

Fee: Early Bird (postmarked before January 15th, 2010): \$75.00
Postmarked after January 15th 2010: \$90.00

- Please accept my organization's additional contribution of \$_____ to help defray the cost of advertising and museum attendance for participants.
- I cannot exhibit, but please accept my donation. Total amount enclosed: \$_____

Exhibitor Package includes: free parking, continental breakfast, 2 chairs, 6ft rectangular display table, 60" x 120" tablecloth, and listing on the "day of the event" flier.

Allowable display materials: Free-standing display behind table or in lieu of table (6ft x 10ft max floor space)
Table display (max 6ft x 4ft for top of table)
Brochures, guest books, fliers and photos

Important Details: **No latex balloons allowed (Mylar permitted)**
Pre-approval required for selling of products.
Electricity or any special requirements need prior approval.
Please be mindful of common allergies if you provide any food items at your table.

Please print and send application with payment

Please send check made payable to VCU Dept of Pediatrics {Note in Memo of check Acct #194223} to:

Emily Starrett
P.O. Box 980021
Richmond, VA 23298-0021
Telephone 804-827-1795 Toll Free 1-866-737-5965 Fax 1-804-827-1798

Signature _____

Title _____ Date _____



**Children's
Museum**
OF RICHMOND

EXHIBIT SPACE IS LIMITED TO FIRST SIXTY RESPONDENTS!