



Connections 2009 Exhibitor Application

Organization Name: _____

Contact Name: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Contact E-mail Address: _____

Fee: (Circle One) Early Bird (postmarked before January 16th, 2009):	\$75.00
Postmarked after January 16th 2009:	\$90.00

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

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" flyer

Additional Notes for Exhibitors:

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

Please submit application and payment payable to **VCU Dept of Pediatrics** to:
{Note "Connections Fair" on memo line of check}

Central VA Care Connection for Children
 Attn: Emily Starrett
 P.O. Box 980021
 Richmond, VA 23298-0021
 Telephone 804-827-1824, Toll Free 1-866-737-5965, Fax 1-804-827-1798

Signature _____

Title _____ Date _____

REGISTER EARLY!
SPACE IS LIMITED TO THE FIRST SIXTY EXHIBITORS TO RESPOND!