

2018 CSTHEA Education Expo Application Form

(Please write LEGIBLY, especially for the e-mail address & phone numbers)
 (See and fill out Page 4 "Advertising Purchase Form" to purchase advertising in our newsletter)

COMPANY _____

CONTACT INFO: (The person we should contact & how) REPRESENTATIVE _____

STREET ADDRESS _____

CITY / STATE / ZIP _____

CONTACT'S: PHONE (____) _____ CELL (____) _____ FAX (____) _____

Contact's E-MAIL _____ WEBSITE _____

* Please describe your product/service here: _____

* Please categorize your product/service in 3 or 4 words: _____

TABLE SPACES: Choose any combination of the options

ITEM DESCRIPTION	Price	Quantity Requested	Item \$ Total
10' x10' space with one 8' table per space is \$150 each	_____	\$ _____
10' x 10' space without table is \$135 each	_____	\$ _____
Extra tables are \$ 15 each	_____	\$ _____
Chairs (NONE are included with spaces) are \$ 3 each	_____	\$ _____
Electrical Power Outlet \$ 25	_____	\$ _____
(You must bring a 50' extension cord & a multiple outlet strip.)			

WORKSHOPS: \$25 / 1 hour slot _____ \$ _____

Total \$ _____

SPECIAL NEEDS: Wall space Other _____

• We will try to accommodate special needs & will generally do so on a first come, first served basis

FOOD! How many in your party will be eating with us? (NO CHARGE): Adults: _____ Children under 12: _____

(The number of meals brought to your Booth will be equal to the number you enter above.)

Please send your Workshop description by e-mail (text or attachment) to exhibitor.reg@csthea.org, for inclusion in our brochure. You MUST have your Final workshop Description to us by May 1 to have it in the advertising Brochure we mail out before and hand out at the fair. NOTE: If you do not get your description to us on time we will put whatever announcement we deem appropriate into the brochure.

• Please check your workshop scheduling preferences below. You may contact Mrs. Janell Bontekoe by e-mail at exhibitor.reg@csthea.org or by phone at 423-421-0550 to confirm availability of a time slot.

FIRST CHOICE(S)		SECOND CHOICE(S)		ANY TIME IS OKAY
<input type="checkbox"/> am Friday 9:30 - 10:30	<input type="checkbox"/> Saturday 9:30 - 10:30	<input type="checkbox"/> Friday 9:30 - 10:30	<input type="checkbox"/> Saturday 9:30 - 10:30 am	Total Number of Workshops Requested _____
<input type="checkbox"/> am Friday 10:45 - 11:45	<input type="checkbox"/> Saturday 10:45 - 11:45	<input type="checkbox"/> Friday 10:45 - 11:45	<input type="checkbox"/> Saturday 10:45 - 11:45	
<input type="checkbox"/> pm Friday 12:00 - 1:00	<input type="checkbox"/> Saturday 12:00 - 1:00	<input type="checkbox"/> Friday 12:00 - 1:00	<input type="checkbox"/> Saturday 12:00 - 1:00	
<input type="checkbox"/> pm Friday 1:15 - 2:15	<input type="checkbox"/> Saturday 1:15 - 2:15	<input type="checkbox"/> Friday 1:15 - 2:15	<input type="checkbox"/> Saturday 1:15 - 2:15	
<input type="checkbox"/> pm Friday 2:30 - 3:30	<input type="checkbox"/> Saturday 2:30 - 3:30	<input type="checkbox"/> Friday 2:30 - 3:30	<input type="checkbox"/> Saturday 2:30 - 3:30	
<input type="checkbox"/> pm Friday 3:45 - 4:45		<input type="checkbox"/> Friday 3:45 - 4:45		
<input type="checkbox"/> pm Friday 5:00 - 6:00		<input type="checkbox"/> Friday 5:00 - 6:00		
<input type="checkbox"/> pm Friday 6:15 - 7:15		<input type="checkbox"/> Friday 6:15 - 7:15		

I have read and agree to comply with and be bound by the terms and provisions of the CSTHEA Curriculum Fair Exhibitor Invitation (pg1), Information & Instructions (pg2) and the Registration Application Form (pg3).

Representative's Signature (Date)