

Iowa Health Educators Association Summer Conference Vendor Registration Form June 29 & 30, 2017

Conference Times: Thursday 7:30-4:30 and Friday 7:30-12:00

EXHIBITORS: Join us both days, Thursday & Friday, June 29 & 30, 2017, at Prairie Meadows, Altoona, IA.
See you there!

List company name, address, telephone number and e-mail as you wish it to appear on the Exhibitor List.

COMPANY: _____ E-MAIL: _____
ADDRESS: PO Box or Street Address _____ City _____ State _____ Zip _____

Business phone to list on the vendor list in the packets and your cell phone in case we need to contact you with any info, etc.

BUSINESS PHONE: _____ CELL: _____ FAX: _____

CONTACT PERSON: _____ TITLE: _____

NUMBER OF PEOPLE ATTENDING: ____ (FULL NAMES—ATTENDING): _____

EXHIBITOR FEE: \$100 (see below if you would like to sponsor a meal or speaker)

Vendors will be able to set-up on Wednesday, June 28 from 5:00-8:00 pm if desired.

Number of tables needed = _____

Important: Do you require electricity? YES or NO

Provide a brief description of the product or service you provide:

Check here if interested in being a sponsor for one of the meals and/or speakers.

Please contact Kendra Ericson at kmericson@dmacc.edu to obtain information on cost of meal or speaker.

PAYMENT INFORMATION

Check One: _____ Check Enclosed, payable to Kirkwood Community College _____ Charge to account below

MasterCard Visa Discover Name on card: _____

Card Number: _____ 3 digit code on back _____ Exp Date: _____

FILL OUT TODAY! Vendor registration deadline is May 1, 2017

If paying by credit card, email to laura.daman@kirkwood.edu or fax to Laura at 1-319-398-7741

If paying by check, please mail to Kirkwood Community College, attn: Laura Daman-Linn
Hall, 6301 Kirkwood Blvd. SW, Cedar Rapids, IA 52404