

EXHIBITOR APPLICATION -- 9th Annual Native American Prevention Program Sharing Conference

July 23-24, 2008
Mystic Lake Casino Hotel
Prior Lake

EXHIBITOR

The deadline for applications is July 4, 2008. Please type or print clearly all information.

Name of Organization _____

Agency _____

Address _____

City/State/Zip _____

Contact Person _____

Day Phone _____

Email Address _____

Web Address _____

Person Exhibiting (if different from contact person) _____

Because we plan to provide the conference participants a directory of all the exhibitors, briefly describe your organization and the service(s) it provides:

Please check the appropriate box(es):

- No Charge - Conference Presenter
- \$45.00 - Exhibit Fee
- \$35.00 - Electricity
- \$30.00 - Additional Table
- \$40.00 each - Registration fee for each additional person staff the exhibit
(list names of exhibit staff here): _____

TOTAL AMOUNT ENCLOSED \$

METHOD OF PAYMENT

Check enclosed (payable to MIPH) MasterCard Visa PO# _____

Card # _____ Exp. Date _____

Card Holder Name _____
(please print)

Signature _____

I UNDERSTAND AND AGREE WITH THE EXHIBITOR TERMS AND CONDITIONS

Signature _____

Date _____

WAYS TO SUBMIT APPLICATION

Complete form and send with payment by July 4, 2008 by either:

Mail: CSAP's Central CAPT
Attn: Tanya PrahI
2720 Highway 10 NE
Mounds View, MN 55112
763-427-5310, ext. 155 or 800-782-1878

Fax: 763-427-7841, Attn: Tanya