2016 Vendor Registration Form

If you would like to join us in giving VOICE to those living with hearing loss, you can complete this form to reserve a vendor table at our 7th Annual Communication Access and Technology Expo.

Non-Profit Organizations registering for a vendor table may make a donation, but it is not required.

For-Profit Organizations seeking a vendor table are requested to make a minimum donation of \$250.

Private donors who do not want/need representation at the EXPO, please do not fill out this form. Instead, please send an e-mail via the contact page of our website.

Name of Organization	
Who is representing your organization at the EXPO? *	
Title First Last Suffix	
Email of representative attending the EXPO *	
Address of your organization if you want it listed in the program	
Street Address	
Address Line 2	
City	State / Province / Region
	•
Postal / Zip Code	Country
Web address of your organization *	
Phone Number of representative attending the necessary) *	ne EXPO (for last-minute communications, if
### ### ####	
How many tables will you need? *	
① 1 table	
2 tables	
Will you need power? *	
Yes! I need an outlet!	
O No, I'm ok without an outlet.	
Please finalize your registration. *	
 I will finalize payment via PayPal. 	
I already finalized payment via PayPal.	
I am sending a check.	