



CONFERENCE EXHIBITOR FORM

March 17th 2016 at California Baptist University (8432 Magnolia Ave, Riverside, CA 92504)

Conference: 8:30am to 2:30pm

Exhibitor set up: 9am to 10am

Exhibitor block: 11:30am to 12:30pm

Exhibitor break-down: 1:30pm

All exhibitors will be provided with 1 table, 2 chairs & 2 lunch vouchers.

Business: _____

Contact name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Please send an invoice to: _____

Business (\$100)

Government Agency/University (Free*)

Proprietary School (\$100)

Non-profit (Free*)

*** Please provide a door prize to be given out at the end of the conference opportunity drawing.**

1) I have enclosed a check for the amount of \$_____.

(Please make checks payable to **Reach Out**. Include "2016 Health Professions Conference Exhibitor" on the memo)

2) I would like to pay using my:



For the amount of \$_____

Card number: _____

Expiration date: (mo/yr): _____ SVC: _____

Card holder's name: _____

Please fax, email or mail the Exhibitor Agreement and form of payment by February 15 Fax: (909)982-8642

email: marina@we-reachout.org address: 1126 W. Foothill Blvd. Ste. 250, Upland CA 91786

For more information Please call Reach Out at 909.982.8641 or email: marina@we-reachout.org.

CONFERENCE SPONSORS DO NOT NEED TO FILL OUT AN EXHIBITOR FORM. SPONSORS WILL BE CONTACTED SEPARATELY WITH INFORMATION ABOUT EXHIBITOR SET UP.