



2010 Vendor Registration Form

Company Name:

Contact Name:

Phone:

Cell Phone:

City, State, Zip:

Email:

8 x 10 ft.

\$200

<input type="checkbox"/>
<input type="checkbox"/>

Booth size

8 x 20 ft.

\$300

(please check one)

Will you need electricity?

Would you like to make a contribution to the door prizes?

If so, what? _____

Would you like to give a presentation in the seminar room?

Y	N
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Prepayment is required. Method of payment:

Check Attached

Credit Card

<input type="checkbox"/>
<input type="checkbox"/>

Credit Card Number:

Expiration Date:

Name as it Appears on Card:

Type of Card:

Credit Card Billing Address:

Signature:

Date:

Please make payments payable to:

SEL Event Center
1825 Schweitzer Drive
Pullman, WA 99163



**SEL
Event
Center**

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