Conference Vendor Agreement

Date ____/____/____

Company Name _____

Contact Name _____ **Phone** _____

Date of Conference ____/____/____ **Email** _____

Please describe your product or service

_____

_____

_____

How many tables will you need? _____

Other pertinent information or requests:

_____

_____

Will you be with us the entire day? _____

If not what will your hours be? _____

Please return this form with $75 registration fee to:

NHSLHA
Attn: VP Professional Development
P.O. Box 1538
Concord, NH 03302-1538