



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 \$100 registration fee to:
NHSLHA
Attn: VP Professional Development
P.O. Box 1538
Concord, NH 03302-1538