

EXHIBITOR REGISTRATION FORM

Exhibitors should return this form to reserve a display.

Suicide Prevention Conference



6th Annual Meeting

November 30-December 1, 2006

Boise, Idaho

Company Name _____

Exhibit Subject _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

VENDOR: NON-PROFIT (\$75)
 PROFIT (\$500)

Please specify the type and number of items necessary for your exhibit.

- Tables (6ft. each, limit 2) _____
- Power Outlets _____
- Extension cords _____
- Chairs (2 provided per table)
- TV/VCR (limited number) _____
- Other _____
- Latex balloons are prohibited due to latex allergies.

You may supply any additional furnishings, Decoration, props, etc., including a table skirt.

Questions: Please contact Sherry Iverson @ (208) 342-7642. or Meghan Sainsbury @ (208) 384-7710

Please Make Checks Payable To:

Idaho Chapter, AAP

Mail the PAYMENT and FORM to:

Suicide Prevention Conference

103 West State Street

Boise, Idaho 83702

Total Payment

- Reserve my space (check will come from corporate office)
- My check is enclosed

Charge my credit card or fax information to Idaho AAP at (208) 381-4677.

Type _____

Name on Card _____

Card Number _____

Expiration Date _____

Please return this form by fax (208) 381-4677 by October 15, 2006 to reserve your display space.