

EXHIBIT RESERVATION

FIRM/AGENCY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE:() _____

CONTACT PERSON: _____

PRINCIPAL PRODUCTS TO BE DISPLAYED:

I require _____ (number of) electrical outlets.

The exhibitor agrees to abide by all exhibit terms, conditions and the regulations outlined in the enclosed prospectus. Please complete and return no later than, September 28, 2001

SIGNATURE: _____

NAME: (PRINT OR TYPE) _____

TITLE: _____

NonProfit - \$100

For Profit - \$200

Enclosed is our check for \$ _____

MAKE CHECK PAYABLE TO: OHIO WELFARE CONFERENCE

Send check by to: Ohio Welfare Conference
Cynthia Goodrum
Cuyahoga Work & Training
5398 ½ Northfield Road
Maple Heights, Ohio 44137

The Ohio Welfare Conference reserves the right to make final approval on exhibits.