

Indiana HOSA State Leadership Conference

April 15, 2014

Sheraton ay Keystone at the Crossing
317.846.2700



EXHIBITOR REGISTRATION FORM

Company Name _____

Address: City _____ State _____ Zip _____

Phone Number _____ E-mail _____

Contact Person _____

Exhibit Representatives 1. _____

2. _____

Please indicate your choice of exhibit table top size: (Check one please):

____ 1. Table top display, 6 foot length.

____ 2. Table top display, 12 foot length (two 6 foot tables, end to end).

EXHIBIT LOCATION – Wyndham Hotel, Indianapolis (Adam's Mark)

EXHIBIT TIMES – Thursday, April 15, 2014

7:00 a.m. – 8:00 a.m. Exhibit Registration and Set Up

8:00 a.m. – 4:30 p.m. Exhibits Open

COST OF EXHIBITING (includes table(s), table clothe(s), and chair.

/	Number	Size	Cost
	One Table	6 Foot Increment	\$200.00
	Two Tables	12 Foot Increment	\$250.00
Total Cost (Check Enclosed)			

Make checks payable to: **Indiana HOSA**

Address questions to Eddie Erickson at eerickson@msdwt.k12.in.us or 317-443-1589.

Space is available on a **first-come, first-served basis**. To guarantee your space and recognition in the conference program, this form, electronic photo of your logo, and full payment must be received by **Monday, January 27, 2014**. Send or deliver to:

Eddie Erickson, Indiana HOSA,

8475 Summertree Ln.

Indianapolis, IN 46256

Telephone: (317) 443-1589 Fax: (317) 259-5298

eerickson@msdwt.k12.in.us