

Vermont Lactation Consultant Association, Inc.
Seventeenth Annual Professional Lactation Conference
April 15 & 16, 2010

Marketplace Reservation Form

Please read carefully and print legibly to fill out form

Exhibiting business / organization

Mailing address

City

State / Country

Zip / Postal Code

Contact person

Telephone Number

Web site address

Email address

Products / Services to be exhibited or advertised

Name(s) of exhibit staff

Please specify any location considerations: _____

Marketplace Options (please check):

- | | | |
|--------------------------|--|-------|
| I. Exhibit Table: | <input type="checkbox"/> Commercial (50 more employees) | \$225 |
| | <input type="checkbox"/> Small / Home Business (25,000 gross per year) | \$125 |
| | <input type="checkbox"/> Small non-profit (fewer than 50 paid staff) | \$100 |
| | <input type="checkbox"/> Extra table | \$ 50 |

II. Conference Supporter – I wish to donate the following service and/or item for the raffle (please describe):

TOTAL: _____

Signature: _____ **Date:** _____

Please return this form with your check, payable to VLCA Conference by March 29, 2010 to:

VLCA Conference
PO Box 218
Hyde Park, VT 05655

Reservations will not be processed until fee is received. Paid fees will be refunded in full before March 29, 2010. No refunds will be made after March 29. Exhibitor / Vendors who mail Marketplace Registration Forms postmarked after March 29 will NOT receive a listing in the Conference Participant Registration Folders. Your signature on this form serves as a contract binding your organization or business to the terms and policies of this conference.