

# SOUTHERN ILLINOIS PROFESSIONAL DEVELOPMENT CENTER

Southern Illinois University Edwardsville  
Alumni Hall 0138, Campus Box 1128  
Edwardsville, Illinois 62026-1128  
Phone: 618-650-2254 Fax: 618-650-3455

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## Southern Illinois Fall Conference EXHIBITOR REGISTRATION FORM

**November 5, 2009**  
**Regency Conference Center, O'Fallon, Illinois**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please check all that apply:

\_\_\_\_\_ No, I cannot make it this year.

\_\_\_\_\_ Yes, I'll be there, my check is enclosed!

Exhibitor's Fee: **\$60.00/1 table** \_\_\_\_\_ **\$100/ 2 tables** \_\_\_\_\_ **\$125/ 3 tables** \_\_\_\_\_

\_\_\_\_\_ Conference Lunch **\$20** yes \_\_\_\_\_ no \_\_\_\_\_

\_\_\_\_\_ Electrical Needs--Please indicate specific needs: \_\_\_\_\_

\_\_\_\_\_ I would like to place an ad in the conference booklet.

(full page-8 1/2" x 11"--**\$100**, 1/2 page--**\$50**, and 1/4 page--**\$25**)

\_\_\_\_\_ My company would like to host/co-host a hospitality activity or session during the conference.

\_\_\_\_\_ My company would like to donate the following door prize: \_\_\_\_\_

\_\_\_\_\_ I am sending the following item(s) to distribute to all participants (approx. 200). \_\_\_\_\_

**Please return this form and check made payable to SIUE by October 5, 2009.**

**Send directly to:**

**Southern Illinois Professional Development Center  
Southern Illinois University Edwardsville  
Box 1128, Alumni Hall, Rm. 0138  
Edwardsville, IL 62026-1128**