

Safety & Health Day in Toledo Exhibitor Registration

Date: **May 19th, 2010**
Place: **Owens Community College**, 30335 Oregon Road, Perrysburg, Ohio Audio/Visual Classroom
Time of Event: **7:30 a.m. – 3:30 p.m.**
Time of Set-up: **6:00 a.m. Please be ready by 7:15**

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone #: _____ E-mail: _____

Alternative Contact: _____

Phone #: _____ E-mail: _____

Product / Service you are representing: _____

How many tables will you need? _____ x \$175 per table = \$ _____
Please make check payable to: Safety & Health Day in Toledo

Will you need power at your table?
 Yes, I will need # _____ outlets No, I do not need power

****Please have your displays staffed throughout the day - including designated break times!***

Program flyers (up to 100) are available for our vendors at no charge. Do you wish to request flyers? Yes, I would like _____ quantity No, I do not need any

For more information contact Ron Garland, Vendor Committee Chairperson at (419) 262-9093

Return this form with your check no later than March 1st, 2009 to:

Safety & Health Day in Toledo
Attn: Ron Garland
14600 Roachton Road
Perrysburg, OH 43551

Exhibitors will be notified in writing of their table assignment when registration form and check is received

- For Committee Use Only -

Date Received: _____ Date Confirmation Mailed: _____

Payment Received: Date: _____ Amount: _____ Check#: _____

New Exhibitor: Yes No