



2010 CONFERENCE VENDOR APPLICATION

Tables are limited and are available on a first come first serve basis

Business Name : _____

Contact Person: _____

Address: _____

State: _____ Zip Code: _____ Country: _____

Phone _____ Fax _____ Email: _____

Products/services to be offered at your table (please summarize the type(s) of merchandise/service):

Vendor Costs: Vendor room will be open to sell 4 days – Th Fri Sat and Sun.

Number of single six-foot (6-ft.) tables requested: _____ (\$225.00 each/2 sitting chairs)

Number of power strips requested: _____ (\$10.00 each/day)

Number of extension cords requested: _____ (\$10.00 each/day)

Analog phone lines requested: _____ (\$65.00 each/day)

Company logos (one inch in size) will be accepted for inclusion in the conference program, on the RAA website, and RAA magazine. Please send any logos to the email address listed below.

RAA kindly requests one item worth at least \$20 from all Vendors as a donation to a raffle.

I will bring my donation to the conference and have it for pick up at my table.

I will be donating : _____ value: _____

Upon acceptance of this application, the RAA Conference Committee will forward a Memorandum of Agreement that you will be asked to sign and bring with you to Colorado. It will be picked up at your table.

Please return completed application and payment by March 10, 2010 to:

**RAA Administration Office
PO Box 714
Chepachet, RI. 02814
infoRAA@Reflexology-USA.org**

Signature: _____ Date: _____ Amount Enclosed: _____