

Connect, Collaborate, Network

WYAEA

Spring Conference

Feb 28 and March 1, 2015

WYAEA
Wyoming Art Education Association



Vendor Registration Form

MAIL THIS FORM to WYAEA, 1783 Newton Dr. Cheyenne, WY 82001 or SUBMIT VIA EMAIL to abi@wyarted.org

This contact will be designated as the official WYAEA Conference contact to receive all exhibit-related materials and communications.

Contact Name _____ Title _____

Company _____

Street _____ City _____ State _____ Zip/Country Code _____

Phone _____ E-mail _____

Website _____

Each vendor will be listed in the conference materials. Vendors who attend will receive a free 2 ½ x 3 ½, vertical format, recognition spot in the printed conference book. If you have a logo, a specific image or offers you would like included please submit them via email to abi@wyarted.org no later than January 30, 2015 with VENDOR FOR BOOK included in the subject line. If you would like to purchase a bigger space in the conference book, there is a ¼ page ad space available for \$ 25 and a half page ad space available for \$ 50.

Exhibiting Company agrees that the Rules and Regulations on the following page are an integral and binding part of this agreement and agrees that the e-mail address, and mailing address on this agreement will be shared with organizations assisting in the production of the WYAEA Conference.

Signature _____ Title _____ Date ____ / ____ / ____

REGISTRATION INFORMATION

2 conference registrations and badges are complimentary for each vendor. Additional vendor registrations with badges may be purchase for \$ 15 each. Each vendor registration does include lunch.

How many conference registrations do you need? _____

Names as you would like them to appear on your vendor badges

1. _____

2. _____

3. _____

4. _____

5. _____

PAYMENT INFORMATION

For additional vendor registrations or ad space:

_____ Payment amount for _____

_____ Check Enclosed

Please charge my credit card

___ Visa ___ MasterCard ___ American Express

Name on card _____

Credit Card Number _____

Expiration Date ____ / ____ Security Code _____

Cancellation Policy: If you cancel before January 30, 2015, you will be charged a \$ 5 cancellation fee.

After January 30, 2015, no refunds will be issued.

Contact: Should you have questions please call 307.760.6204 (7:30 am – 9:00 pm MST or email abi@wyarted.org)