

HAS 2017 Vendor Registration

University of Southern Indiana - July 12 - 15, 2017

Vendor/Co Name:			
First name:		Last name:	
First name:		Last name:	
Address:			
City:		State:	Zip:
Day telephone:	() -	Evening telephone:	() -
E-mail:		Cell : _____	

Your registration confirmation and any further information will be e-mailed to you.

Vendor unit (Tables are 30" Wide X 6 ft. Long)

1 table, 2 chairs	Qty: _____	x \$90.00 =	_____
Electricity needed?	Yes/No _____	x \$10.00 =	_____
I want to sponsor a break!	Qty: _____	x \$250.00 =	_____

Program Advertising

Ad Type	Price	Ad Type	Price
Cover Pg _____	\$350	1/4 Pg _____	\$80
Full Pg _____	\$250	1/8 Pg _____	\$50
1/2 Pg _____	\$130	Collage Pg _____	\$30
			Subtotal registration:

MEALS (fill in quantity):

		Wednesday, July 12	Thursday, July 13	Friday, July 14	Saturday, July 15
\$7.00	Breakfast	N/A			
\$8.00	Lunch	N/A			
\$10.00	Dinner			N/A	N/A
\$17.00	FRIDAY BBQ	N/A	N/A		N/A
N/C	THURS ICE CREAM SOCIA	N/A		N/A	N/A

Times: Breakfast: 7am-9am, Lunch: 11 am-1pm; Dinner 5pm-7pm

			Subtotal meals:	_____
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DORM RATES: Double Rooms at \$25 per person. *Remember to bring your own linens*

Wednesday, July 12	Thursday, July 13	Friday, July 14	
_____	_____	_____	_____ X 50.00 = _____

You are responsible for roommate arrangement. There is a \$60 lost key charge.

			Subtotal dorms:	_____
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GRAND TOTAL (make check payable to HAS 2017):	GRAND TOTAL:
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DEADLINE FOR VENDOR REGISTRATION AND PROGRAM ADS WILL BE JUNE 25TH

Mail registration form with check to: HAS, 7784 N. Sanctuary Lane, Mooresville IN 46158-6082, Attn: Debbie Seib