

OHIO SCHOOL BUS MECHANICS ASSOCIATION



21st Annual Workshop

VENDOR EXHIBIT SHOW

Crowne Plaza Columbus North / Tuesday, September 29, 2009, 2pm-5pm

Registration Form

Company Name: _____

Contact Person: _____ Confirmation will be sent to this person.

Email Address: _____

Address: _____

Phone: _____ Fax: _____

Product: description: _____

List names: _____

List names of people who will be manning the Vendor Exhibit Show display. Use a separate piece of paper if needed. Please include a business card for each. The business cards will be scanned to be included in a handout to all registering school bus mechanics.

PLEASE INCLUDE A BUSINESS CARD WITH THIS REGISTRATION FORM AND PAYMENT.

_____ Showcase Display Space(s)	\$600 per display space (5 hours) (Noon - 5pm - Foyer)	= \$ _____
_____ Indoor Display Space(s)	\$400 per display space (3 hours) (2pm-5pm - Pavilion)	= \$ _____
_____ Outdoor Exhibit(s)	\$400 per bus	= \$ _____
_____ Sponsoring Break	\$200 (or more)	= \$ _____
_____ Associate Membership* (please list names)	\$10.00 per individual _____	= \$ _____
_____ Membership Mailing Labels	\$40 for members/\$50 non-members	= \$ _____
_____ Newsletter Advertising	\$200 for (4) issues - business card size	= \$ _____
	Total:	= \$ _____

Mail your check made out to the Ohio School Bus Mechanics Association to: Susie Washburn, Executive Secretary, Ohio School Bus Mechanics Association, PO Box 30844, Gahanna, Ohio 43230
Please register by September 18, 2009.

Items/quantity your company wishes to donate for a door prize (optional):

Electricity or other concerns or needs?: _____
**If you require electricity, please be prepared to furnish your own extension cord and power strip.*