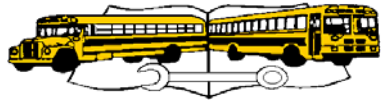


OHIO SCHOOL BUS MECHANICS ASSOCIATION



22nd Annual Workshop

VENDOR EXHIBIT SHOW

Crowne Plaza Columbus North / Tuesday, September 28, 2010, 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* \$20.00 per individual = \$ _____
(please list names) _____

_____ 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 17, 2010.

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.*