



**2019 Annual Conference  
Vendor Display Table Request**

Friday Nov. 1st and Saturday Nov. 2<sup>nd</sup>

**Cost = \$100.00 Payable to Ohio SIBS  
(\$25.00 for Artists with Disabilities)**

**Please provide payment on Friday, upon arrival.**

<b>Company/Organization Name:</b>
<b>Street:</b>
<b>City:</b>
<b>State:</b>
<b>Zip:</b>
<b>Email (your confirmation will be sent here):</b>
<b>Are you a conference cash sponsor: Yes      No _____</b>

<b>Attendee 1</b>
First Name:
Last Name:
Title:
Email:
<b>Attendee 2</b>
First Name:
Last Name:
Title:
Email:

**Return form to: [RMontenegro@neo.rr.com](mailto:RMontenegro@neo.rr.com) by 10/25/19.**