## 2019 Senior Expo Exhibitor Registration Form

☐ YES, we are participating Please provide your agency/omaterials.		-	• • •	
Name of agency/organization	n/business:			
Website:		ffered:		
Description of services or pro	grams offered	:		
Contact norson:			Email	
Contact person:			Emaii:	
Address:			City:	State:
Zip code: Pho	one: be printed, not p			
Do you need electricity?	NO	YES	(Please provide your	own extension cord)
Do you have special requests  If YES. please explain:	or requireme		NO YES	

## Registration will be limited to the first 50 PAID vendors.

If you need an invoice, please contact the front desk at 296-9812 or expo@seniormons.org

Item	Quantity	Cost		Total
Registration,	1	Early Bird	\$30	
1 table, 2 Chairs		After 9/1/19	\$40	
Extra table(s)			\$25	
Extra Chair(s)			\$3	
		Grand To	tal	

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## Please complete and return this form with payment to:

Senior Monongalians, Inc. P. O. Box 653 Morgantown, WV 26507

Office: (304) 296-9812 Fax: (304) 296-3917

website: www.seniormons.org facebook: Senior Monongalians, Inc.

YOU MAY SCAN & EMAIL THIS FORM, AND MAIL PAYMENT SEPERATELY, IF DESIRED