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***EXHIBITOR FORM:***

***Central Alabama’s 9th***

 ***“Unlocking the Mystery of Developmental Disorders” Conference***

Dear Exhibitor,

We are excited that your group is interested in joining us for ***Central Alabama’s 9th*** *“Unlocking the Mystery of Developmental Disorders*” Conference! The event will be held on Nov. 15th at Vestavia Hills Baptist Church (2600 Vestavia Drive, Bham, 35216). The conference will begin at 8:00 a.m. (registration starts at 7:30) and will end by 3:00\* p.m.

\*Since SECCO must put away table, etc., in the church **by** 3:30, exhibitors are asked to break down their setups by 2:30\*

***EXHIBITOR Pricing:***

 ***$150 for 1 table and 1 person. Add $50 per table if a 2nd person joins the table.***

This price includes the table (no tablecloth provided), available breakfast items, drinks and lunch. Advertising: Your business’ name is listed on seccoconferences.com website.

**If you would like additional advertising,** it is available for $50 (*logo* on website, name & logo on conference program that the attendees receive and media “shout outs” with any radio or TV interviews we do.

Organization/Business Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Items Requested**: Number of tables \_\_\_\_\_ A 2nd Person? \_\_\_\_\_\_\_ (add $50 per table)

Additional Advertising for $50? Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

Payment by check:

1) All checks must be written out to SECCO (or Special Education Consultants and Conference Organizers)

2) Mail the check with this form to the address below. (You’re welcome to email the form to me if you wish: seccodg@gmail.com)

Payment by credit card\*

**(\*Credit card payments will incur a small processing fee)**

**Option 1)** **Call in your card information**-- please call me at 205-612-4458 to provide the credit card information. You will still need to email page 1 of this form.

**Option 2)** **Mail in credit card** **information:** Complete the following information and mail the form to the address below.

Cardholder’s name (***Please PRINT***) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_ CVV# (back of card):\_\_\_\_\_\_\_\_\_\_\_\_ Billing zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Amount: $\_\_\_\_\_\_\_\_\_\_\_\_

**Option 3)** **Email credit card information** – If you’re comfortable doing it, feel free to email the information on pages 1 and 2 of this form. I will delete the email with your credit card information immediately after I register your payment.

**Option 4)** For those required to go through **Alabama Buys/ STAARS** –

Please inform me if you are paying through the Alabama Buys vendor system.

Our Vendor Title= **Special Education Consultants and Conference Organizers**

(No abbreviations)

Supplier # = V1000178961 EIN # 844426181 Address Remittance # 47420

**MAILING ADDRESS FORREGISTRATION FORM AND CHECK/CREDIT CARD PAYMENT:**

**Denise Gillespie/SECCO**

**120 High Crest Road**

**Pelham, Alabama 35124**

\*\*Once you have submitted the payment AND form, I will send a “Confirmed Exhibitor” email to you as verification of your registration as exhibitor. \*\* (***If you do not receive a “Confirmed Exhibitor” email from me, it means I do not have your group registered for a booth.)***

If you need additional information or have **any** questions, please feel free to contact me!

Sincerely,

Denise Gillespie

205-612-4458

Seccodg@gmail.com