



YEARS OF EXCELLENCE
EDUCATIONAL OPPORTUNITY PROGRAM
PAST, PRESENT & FUTURE

EOP Conference 2009

Vendor Application Form

Organization: _____

Contact Person: _____

Title: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

E-mail: _____

Website: _____

I am an authorized representative of the above-named organization with the full power and authority to sign and deliver this application. The organization agrees to comply with the Sponsorship Terms and Conditions furnished with this application form.

Name of Authorized Officer: _____

Title: _____ Date: _____

Signature of Authorized Officer: _____

Billing Information

All vendors wishing to feature their program materials are required to pay a vendor fee of \$500.00. Payments should be made in the form of a check or money order. (This package includes a six ft table and two chairs). *Note: Vendors wishing to attend the conference and EOP Gala will be assessed a discounted fee of \$750 for table set-up and overall conference attendance.*

Please find payment: attached following in the mail

E-mail your COMPLETED APPLICATION FORM TO: Dr. Marcellene Watson-Derbigny at watsonml@csus.edu and send payments to 6000 J Street, Sacramento, CA 95819-6068; Attention: EOP.

Note: All vendors should come prepared to display their materials at least one hour prior to the start of the conference program. Vendors are responsible for making their own hotel reservations. The vendor display times are noted below:

- | | | |
|---|---------------------|-------------------|
| <input type="radio"/> Monday, March 9 th | 8:00 am to 5:00 pm | Set-up by 7:30 am |
| <input type="radio"/> Tuesday, March 10 th | 8:00 am to 12:00 pm | Set-up by 7:30 am |