



Registration - Vendor Walk
Saturday, September 6, 2014

PTA WORKSHOP

Company Name: _____

Address: _____

Phone: _____

Representatives: _____

E-Mail Address: _____

Please provide a brief description of your product or service:

Electricity _____ (Yes or No)

Display Spaces _____ @ \$150.00 = \$_____ (Maximum of 3)

Display Spaces _____ @ \$175.00 = \$_____ (Late Registration - After August 25, 2014)

Additional Lunch _____ @ \$ 5.00 = \$_____

(Please include your business card with your registration.)

Total Enclosed \$ _____

On time registration deadline – August 25, 2014

PLEASE NOTE: We will be unable to accommodate anyone who has not pre-registered for this event

Mail registration to: Charles Derexson 10800 US 19 N. #116, Pinellas Park, FL 33782

Make checks payable to PCCPTA