

**Connecticut After School Network
2008 Fall Conference
Saturday, November 15, 2008
Hartford Marriott Farmington, Farmington**

Exhibitor Contract

Exhibitor Space Fee Structure:

For Profit Organization	\$100.00
Each additional table	\$10.00
Non Profit Organization	Free
Presenter	Free

Name of Firm or Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email _____

Number of Tables needed: _____

Organization (please circle one): Profit Non Profit

Amount Enclosed: _____ Checks payable to: **CT After School Network, Inc.**

Company or organization representative making the reservation:

Name _____

Signature _____

Return the contract and payment by October 1, 2008 to:

Connecticut After School Network
c/o Monica Whalen
45 Griswold Drive
West Hartford, CT 06119
860-231-9321 mwhalen@ctafterschoolnetwork.org

Additional exhibitor information will be sent once we receive your contract.