



2009 Vendor Application

Would you please provide the following information:

_____ YOUR NAME			_____ TELEPHONE
_____ COMPANY NAME			_____ CELL (optional)
_____ ADDRESS			
_____ CITY	_____ STATE	_____ ZIP	_____ E-MAIL

- We wish to reserve one vendor space..... **\$225**
- We wish to sponsor a **break** or **keynote address speaker (minimum \$500)**..... Please fill in the amount \$

NOTE: If you wish to participate as a sponsor, the space fee is included in your donation.

WHOM SHOULD WE THANK AT YOUR CORPORATE OFFICE?

_____ NAME			_____ TELEPHONE
_____ COMPANY NAME			_____
_____ ADDRESS			
_____ CITY	_____ STATE	_____ ZIP	_____ E-MAIL

Completion of this application indicates that we will participate as a vendor and provide a suitable door prize for the drawing on Saturday—November 14, 2009.

After filling out this form, please return it to along with your payment to:

**College of Southern Idaho
attn: Shonna Parsons
PO Box 1238
Twin Falls, Idaho 83303-1238
FAX (208) 736-4785**

*If you need an invoice for fees, please contact sparsons@csi.edu or (208) 732-6281
Thank you and we greatly appreciate your participation and support of our annual conference.*