

Exhibitor Table Reservation Form

46th Annual Bloomsburg University Reading Conference

Thursday and Friday, May 13-14, 2010

Please enter information as you wish it to appear in the final conference program. This form **and** payment must be submitted by **December 4, 2009** to be included in final program.

Name of Company _____

Representative's Name: _____

Address: _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Additional Nametags: 1. _____ 2. _____

Tables

The exhibit hall will be in the Kehr Union Ballroom.

Please indicate the number of six-foot tables you wish to request.

_____ tables @ \$200 each = _____

Special Requests: _____

Electrical Outlets ___ Yes ___ No

If yes, how many? _____

Lunch will be delivered to the exhibit hall for your convenience.

• **Thursday Lunch** Regular Vegetarian _____ @ \$8.00 = _____

• **Friday Lunch** Regular Vegetarian _____ @ \$8.00 = _____

Check must be enclosed with this request.

Make check payable to BU Reading Conference Check # _____ Total enclosed: \$ _____

Send to:
BU Reading Conference
Bloomsburg University
400 East Second Street
Bloomsburg, PA 17815

Questions?
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fax: 570-389-2053