

# REGISTER NOW! SPACE IS LIMITED!!

Nathaniel's Hope 8th Annual Make 'm Smile  
Saturday, June 5, 2010  
Event Hours: 7:30 a.m. – 1:00 p.m.



## RESOURCE EXHIBITOR REGISTRATION

**EARLY REGISTRATION DEADLINE: MONDAY, APRIL 5th!**

Date: \_\_\_\_\_

Organization/Company Name (as it should appear on promotions): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Number of Representatives Attending: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email address: \_\_\_\_\_ Website: \_\_\_\_\_

Description of services your organization/company offers: \_\_\_\_\_

**IMPORTANT INFORMATION NEEDED, PLEASE COMPLETE**



**DAY-OF EVENT CONTACT NAME:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**ALL EXHIBITORS ARE REQUIRED TO BRING A CRAFT, ACTIVITY, OR GIVE-AWAY ITEM FOR OUR VIP Kids**

What craft, activity, or give-away item will you bring? \_\_\_\_\_

**ANY SPECIAL REQUESTS FOR YOUR EXHIBIT AREA? PLEASE SPECIFY AND EXPLAIN PURPOSE:** \_\_\_\_\_

**(NO GUARANTEE FOR WATER & ELECTRICITY – WE HAVE A LIMITED NUMBER OF LOCATIONS)**

Check the ways you can help us spread the word about this event:  Flyers,  Posters (How many? \_\_\_\_\_, Date needed: \_\_\_\_\_)

Email/Newsletter announcement (indicate deadline: \_\_\_\_\_)  Other \_\_\_\_\_

**REGISTRATION FEE MUST BE RECEIVED BEFORE SPACE CAN BE CONFIRMED.**




**EARLY REGISTRATION:**

- Non-profit organization (\$75)
- For-profit organization (\$150)

**AFTER MONDAY, APRIL 5:**

- Non-profit organization (\$100)
- For-profit organization (\$175)

**REGISTRATION MUST BE RECEIVED BY NATHANIEL'S HOPE BY MONDAY, MAY 3**  
**NO REGISTRATIONS WILL BE ACCEPTED AFTER MAY 3**

Check Enclosed (payable to Nathaniel's Hope) Charge my:      

Authorized Signature: \_\_\_\_\_ Name as it appears on card: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(if different from above)

By signing below, I have read the attached Exhibitor Information Sheet and agree to the terms set by Nathaniel's Hope

Contact Person's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail this form with payment to: Nathaniel's Hope, 2300 Jetport Drive, Orlando, FL 32809-7800  
 OR register and pay with credit card or check online at [www.NathanielsHope.org](http://www.NathanielsHope.org)  
 For more information, call Susie Andrew at 407-857-8224 ext. 268.