

# REGISTER NOW! SPACE IS LIMITED!!

Nathaniel's Hope 7th Annual Make 'm Smile  
Saturday, June 6, 2009  
Event Hours: 7:30 a.m. – 1:00 p.m.



## RESOURCE EXHIBITOR REGISTRATION

**EARLY REGISTRATION DEADLINE APRIL 3<sup>rd</sup>!**

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 (How many? \_\_\_\_\_, Date needed: \_\_\_\_\_)  Posters  
 Email/Newsletter announcement (indicate deadline: \_\_\_\_\_)  Other \_\_\_\_\_

### **REGISTRATION DEADLINE IS MAY 1<sup>ST</sup>**

**Registration fee must be received before space can be confirmed.**

<b>EARLY REGISTRATION:</b> <b>AFTER April 3<sup>rd</sup></b>	<input type="checkbox"/> Non-profit organization (\$75)	<input type="checkbox"/> For-profit organization (\$150)
	<input type="checkbox"/> Non-profit organization (\$100)	<input type="checkbox"/> For-profit organization (\$175)

**NO REGISTRATIONS ACCEPTED AFTER MAY 1<sup>ST</sup>**

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 fax** to 407-447-2021  
**OR register** online at [www.NathanielsHope.org](http://www.NathanielsHope.org). For more information, **call** Susie Andrew at 407-857-8224 x. 114.