

Vermont Conference, UCC
Annual Meeting 2010
 Exhibitor Housing/Meals Application

For Registrar's Use Only

Total Due _____
 Check # _____
 Check Amt _____

___ Check if you had meals or room last year		
Full Name (You will NOT be provided with a name tag)		
Mailing Address	Town	State & Zip Code
Home Phone	Work Phone	Email Address
Organization or Program You Will Be Representing		

Meals:		
All Meals	\$50.00	_____
Or		
Thursday Dinner	\$13.00	_____
Friday Breakfast	\$ 5.00	_____
Friday Lunch	\$ 9.00	_____
Friday Dinner	\$13.00	_____
Saturday Breakfast	\$ 5.00	_____
Saturday Lunch	\$ 9.00	_____
 Housing (College Dorm Room)		
Thursday night	\$18.00	_____
Friday night	\$18.00	_____
		Special Needs Requests:
		Fully Accessible Housing _____
		Dietary Needs _____
		Please Specify Needs: _____

 Name of Roommate _____		
Linens & Pillow	\$10.00	_____
(you are encouraged to bring your own)		
 Total Amount Due		 _____