

2007 Clarkston Connects Expo Registration

Please complete the following form to register. Return the form to the Clarkston Coalition for Youth in the following ways: Mail to P.O. Box 702 Clarkston, MI 48347, Fax to 248-620-7454, or visit www.clarkstonconnects.org to submit online. Please call Karen VanGilder at (248)752-2634 with any questions.

Community Sponsor for \$200

*Logo on flyers, posters and on display at entrance to event, exhibit space (assigned first)

Do you need electrical access? _____

Sponsorships must be received by **March 12, 2007** in order to have logo displayed on printed materials.

Friendship Sponsor for \$100

*Name on flyers, posters and on display at entrance to event, exhibit space (assigned second)

Do you need electrical access? _____

Sponsorships must be received by **March 12, 2007** in order to have name displayed on printed materials.

Exhibitors

*Price includes cafeteria style table (covered) and electrical access. Free admission for all, spacious, appealing exhibit area with over 1,000 parking spots. Set-up 8-9a.m.

Corporate Exhibitor for \$25

Do you need electrical access? _____

Exhibitor registration deadline is **March 30, 2007**.

Non-Profit Exhibitor for \$15

Do you need electrical access? _____

Exhibitor registration deadline is **March 30, 2007**.

Demonstrator

You do not have to be an exhibitor to demonstrate. Demonstrator registration deadline is **March 30, 2007**.

What will you be "demonstrating" and how much time would you like? _____

Door Prize Donor

I would like to donate a door prize valued at \$20 or more.

You do not have to be an exhibitor to donate a prize. All donors will be recognized on the display board at the entrance of the Expo.

I would be willing to place
Clarkston Connects information in
my business or organization.

_____ Flyers
_____ Sign

Please complete the following to R.S.V.P. for any of the above categories

Deadlines are made according to restrictions on printing and publishing dates.

Name: _____

Organization or Business: _____

Address: _____

Phone: _____ Email: _____

Amount to be billed: \$ _____ Authorized Signature: _____

Please make checks or money orders payable to: Clarkston Coalition for Youth

Office use only: _____ Amount received _____ Date received _____ Date sent to treasurer _____