

White Earth Child Care Program
P.O. Box 418 White Earth, MN 56591
Attn: Katie Olson
Phone: 218-983-3285 ext: 1405
E-mail: katieo@whiteearth.com FAX (218) 983-4106

Resource, Home Base and Professional VENDOR REGISTRATION FORM

Communities Collaborative Conference proudly announces it's

10th Annual Brain Development Conference

“Communities Collaboration: Ten Years of Making a Difference”

August 10th, 11th and 12th 2010
Shooting Star Casino Hotel & Event Center
Mahnomen, MN 56557

August 10th, 1:00pm to 4:30pm we will have a preconference session for around 300 participants. We are also sponsoring a “5K Walk/run for Autism” the afternoon of the 10th.

The Communities Collaborative Planning Committee is seeking vendors to display and sell their products at this dynamic conference. Our target audience will be parents, child care providers, head start, ECFE, elementary and secondary school districts, social workers, college students or therapist, who have, or work with children ages birth to adolescent. We are expecting at least **850 participants** to attend this conference. NOTE: Many of our participants like to do on-site purchasing with purchase orders or cash. If possible, we encourage vendors to bring products for on-site sales. **For more information go to www.whiteearthchildcare.com.**

The charge for the vendor booth will include all conference meals for one person. If you have a co-worker that will be joining you, the charge per person will be \$35.00. Please include payment along with co-workers name on the registration form. A meal ticket for each meal checked will be provided to you at the vendor registration desk. Please check all meals you plan to attend.

We are asking interested vendors to complete the registration form and return it to the above address by **July 10, 2010**. If you are interested in attending any session, please fill out a conference registration form. Conference badges must be worn throughout the Conference.

We have limited space, so please register early

Our preference for vendors are vendors offering child or educational oriented resources or products. **You will be notified** if you are selected. Please contact Katie Olson at 218-983-3285 ext. 1381 if you have any questions.



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VENDOR REGISTRATION FORM

Name of Company: _____

Type of Product: _____

Contact Person: _____

(Name Required for Conference Badge)

Meal Count:

Preconference snack: _____ Day 1: Lunch _____ Evening Entertainment _____ Day 2: Lunch _____

Co-worker: _____

(Name Required for Conference Badge)

Meal Count: **\$35 Meal Charge Included in Payment?** _____

Preconference snack: _____ Day 1: Lunch _____ Evening Entertainment _____ Day 2: Lunch _____

Cost: please circle appropriate description attach check and send to address above.

Resource = \$65 Home-base vendor = \$85 Professional vendor = \$165

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Electrical Outlets Needed: Yes _____ No _____

Each Registered Vendor will have one 6' table set-up and reserved for them.

If you would like to donate a door prize from your company for the conference, please bring item(s) to the Conference Registration Desk on the morning of the conference.

Make checks & money orders payable to:
Communities Collaborative Conference