

Registration Form

Wednesday, October 2, 2019 9:00 a.m. to 1:00 p.m.

Name of Business or Organization:		· · · · · · · · · · · · · · · · · · ·
Name of Contact:		
Address:		
City:	State:	Zip:
E-Mail:	Telephone:	
Ed Brown Center Community Team Member	? Yes □ No	
I wish to become an event sponsor at the foll ☐ Title Sponsor — \$1,000 ☐ Presentation Sponsor — \$500 ☐ Lunch Sponsor — \$500 or in-kind	☐ Door Prize Sponsor ☐ Beverage Sponsor	r — \$250 or in-kind
☐ I wish to be a vendor (4' display table) —	- \$40 for Community T \$75 non-member	eam Member
Description of Product or Service:		
Electricity Required? Yes □ No □		
☐ Check Enclosed (made payable to EBC)		
☐ Please Bill Credit Card Below	Amount:	
Name on Credit Card		
Billing Address (if different than above)		
Card No.:	Exp. Date:	CRV: