



CVNE Conference

Tax ID # 45-0541422

Vendor Registration/Donation Form

**Embassy Suites by Hilton Ontario Airport
3663 East Guasti Road, Ontario, CA 91761
909 605 0281**

(PLEASE PRINT OR TYPE)

REP. NAME: _____

TELEPHONE: () _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COMPANY: _____

E-mail address: _____

_____ **Tables are**

\$300.00 per table per day

Check desired choices:

Friday _____ Saturday _____ Both days _____
1 Table _____ 2 Tables _____

We can allow up to 30-minute individual presentation time with sponsorship of \$2500 towards lunch.

Interested in sponsoring speaker or other donation? Donation in the amount of: _____

Please make checks payable to: CVNE. Mail registration form and payment to:

If you have any questions, e-mail: californiavneducators@gmail.com or call Sylvia Silva at 559-731-4882

**CALIFORNIA VN EDUCATORS
PO BOX 3641
Visalia, CA 93278**