



CVNE Conference
Tax ID # 45-0541422
**Vendor Registration/Donation
Form**

CVNE Conference
Embassy Suites Sacramento Riverfront Promenade
100 Capitol Mall, Sacramento Ca. 95814
916-326-5000

CONFERENCE DATES:
April 29th & 30th

(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

CVNE
PO Box 1166
Madera, CA 93639