

Zonta Conference Sept. 18-20, 2009
EXHIBITOR REGISTRATION FORM

Name: _____

Business Name: _____

Address: _____

City/State/Zip: _____

W: _____

H: _____

Email: _____

SPECIAL NEEDS

___ **Yes!** We would like to reserve a Table in the Zonta Marketplace at \$75 per table.

Total Enclosed: _____

Please make checks payable to Zonta Club of St. Charles. Or fill out credit card form below:

VISA/MC only

Name on Card: _____

Card Number: _____ Exp Date _____

Signature: _____ 3-digit code on back _____

___ Yes, I need a receipt.

(please note: your credit card statement will read "Gala Force LLC")

Brenda Fraser, 2009 Conference Chairperson
6 Jonathan Ct, Defiance, MO 63341
galaforce@msn.com