

Exhibitor Reservation
IAACE 2019 Adult Education Conference
Superheroes: there is a hero inside all of us
April 24, 25, 26
French Lick Resort
8670 West State Road 56
French Lick, Indiana 47432

Company Name _____

Representative Name _____

Address _____

City/State/Zip _____

Office Phone _____ Cell Phone _____

Email _____

Please reserve: \$300 Exhibitor Area including 1 draped table w/2 chairs _____

Please add the following options

\$100.00 Additional Table (draped) _____

\$50.00 Wednesday Lunch _____

\$35.00 Thursday Breakfast _____

\$50.00 Thursday Lunch _____

\$ In Kind Donation for Door Prize _____

TOTAL: \$ _____

Enclosed Check # _____

I plan to arrive and set up on Tuesday, April 23 from 5:00 pm-11:00pm

I plan to ship materials to the hotel, please email me instructions.

Make Checks Payable to: IAACE Conference

Mail to:

IAACE Conference
9801 Fall Creek Rd. #151
Indianapolis, IN 46256

Online reservations and Payments: www.iaace.com/conference

IAACE 9801 Fall Creek Rd. #151 Indianapolis, IN 46256

317-721-9365

iaace2@gmail.com

iaace.com • Tax ID # 31-1109448

Theresa Prather, Exhibitor Chair

574-215-7019

tprather@heaindiana.org

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Reservations and Payments Due on: March 15, 2019

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