DEAF FEST 2023 EXHIBITOR RESERVATION FORM

| NAME/COMPANY: | | |
|-------------------------------------|---------------------|-----------|
| PERSON in Charge of Exhibit: | | |
| ADDRESS: | | |
| CITY: | STATE: | Zip Code: |
| PHONE: | Circle: VP or Voice | |
| EMAIL: | | |
| TEXT: | | |
| Name of the person(s) at the booth: | | |

| Business: selling or advertising for business or fundraising | \$200.00 (1 table/2 persons) |
|--|------------------------------|
| Non-profit organization or agency: providing information | \$100.00 (1 table/1 person) |
| Space is limit. First come, first serve. Closing date: September 1, 2023 | |

No sharing table and no refund

Please provide a brief description of your exhibit (include what you plan to sell)

Signature:_____

(Your signature assures us that the above information is correct)

| Selling or advertising for business or fundraising | | \$200.00 | \$ | |
|---|-----------------|----------|--------------|----|
| Providing information for non-profit organization or agency | | \$100.00 | \$ | |
| Need Electricity | Circle one: Yes | Νο | | |
| | | | Total Amount | \$ |

After filling out this form, attach and email this completed form to NJDAW23Table@gmail.com

For payment: use PayPal or credit card to pay at https://www.njdaw.org/2023-deaf-fest-exhibitor

Add more than two people for business or add more than one person for non-profit organization: pay at https://www.njdaw.org/2023-deaf-fest-ticket

Any questions or concerns, please contact NJDAW23Table@gmail.com