

# Caring Connections 2014 Vendor Agreement

Name of Organization: \_\_\_\_\_

Name of individual(s) representing the organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

## **Booth Selection\*:**

- \_\_\_\_\_ **\$150** for EARLY Booth registration received by **April 4<sup>th</sup>, 2014**  
(includes 1 conference registration, tablecloth, and access to electrical outlet)
- \_\_\_\_\_ **\$175** for 6' X 2 ½' Booth registration received by **May 9<sup>th</sup>, 2014**  
(includes 1 conference registration, tablecloth, and access to electrical outlet )
- \_\_\_\_\_ **\$16.00** Buffet Networking Lunch: **11:45-1:15pm**
- \_\_\_\_\_ Participation in Internship Fair (potential interns will be invited to come through the Exhibit Hall and will stop by your booth if you provide internships): **9:00-11:00am**  
(no cost for booths; **\$50** to participate in Internship Fair Only)

## **Booth Setup and Breakdown:**

Begins at 7am, Friday 5/16

Closes at 5pm, Friday 5/16

## **\*Payment:**

To mail a check: make payable to **AGAPE**, Attn: Caring Connections (4555 Trousdale Dr. Nashville, TN 37204) with this signed Agreement, which **must be received by May 9<sup>th</sup>, 2014.**

To pay by credit card call: 615-781-3000

To fax your application: 615-781-8262 (Attn: Robin Mace)

To email application: [rmace@agapenashville.org](mailto:rmace@agapenashville.org)

Upon registration we will provide directions to the Exhibit Hall, parking information, etc. **For more information, visit [www.caringconnectionsconference.org](http://www.caringconnectionsconference.org) or contact Robin Mace @ 615.781.3000 ext. 253 or [rmace@agapenashville.org](mailto:rmace@agapenashville.org) for any questions.**

Exhibitor signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_