Exhibitor Reservation Form

SYSTEM OF CARE ACADEMY

Marriott Griffin Gate, Lexington, KY
June 8-10, 2016

Return the completed form to Diane.Gruen-Kidd@ky.gov. Please note that space will be allotted on a first come, first served basis.

Contact Information

Business/Agency/Organization Name:

Mailing Address:

Contact Person: Email Address:

Phone Number:

Program Information *(Please enter information exactly as you want it to appear in printed conference material. We will not be able to include logos.)*

Business/Agency/Organization Name:

Physical Address:

Web Address:

Phone Number:

Confirm Attendance at Conference (Select One)

☐ Yes, I will reserve a vendor/for-profit booth for $150

☐ Yes, I will reserve a not-for-profit booth for $75

Please check if any of the following are needed:

☐ Electrical outlet ☐ Wi-Fi ☐ Booth by wall for big displays

Name(s) of the representative(s) attending (Please list preferred name and agency/program exactly as you would like them to appear on the name tags):

1. Name: Agency/Program:

2. Name: Agency/Program:

Payment Process

Indicate Preferred Method of Payment: ☐ check ☐ credit card (PayPal)

- **Make check payable to EKU** and mail to: Department for Behavioral Health, Developmental and Intellectual Disabilities, Division of Behavioral Health, Attn: Diane Gruen-Kidd, 275 East Main Street, 4W-G, Frankfort, KY 40621
- To pay by PayPal, click: PayPal and enter email address Kathy.Mounts@eku.edu