



**Dublin Literacy Conference Exhibit Contract  
Dublin City Schools Literacy Conference  
February 20, 2010  
Dublin Coffman High School**



**Set up:** 5:00 to 7:00 PM on Friday, February 19, 2010  
or after 6:30 AM on Saturday, February 20, 2010

**Conference Date:** February 20, 2010

**Company Name** \_\_\_\_\_ **Telephone ( )** \_\_\_\_\_

**Company Address:** \_\_\_\_\_ **City/State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Telephone ( )** \_\_\_\_\_ **Email** \_\_\_\_\_

**Company Address:** \_\_\_\_\_ **City/State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**To which address should further correspondence be sent?**

Check One: \_\_\_\_\_ Company \_\_\_\_\_ Contact Person

*One table for \$100; two tables for \$150; three tables for \$200; 4 tables for \$250*

*Please reserve \_\_\_\_\_ Table(s) for the 2010 Literacy Conference*

*Types of materials to be exhibited/sold: \_\_\_\_\_*

**Electrical outlets are available. Your assignment area is based upon the need. Check below:**

\_\_\_\_\_ Please reserve a space with outlets.

\_\_\_\_\_ We do not need outlets in our space.

Authorized by \_\_\_\_\_ Company \_\_\_\_\_ Date \_\_\_\_\_

Make Checks payable to: Dublin City Schools Literacy Conference

Mail contract with check to:

**Mary Jane Brewster  
Dublin City Schools  
7030 Coffman Rd.  
Dublin, OH 43017  
Phone: (614) 760-4340**

*For Office Use Only*

*Date Received:* \_\_\_\_\_

*Check No:* \_\_\_\_\_

*Amount:* \_\_\_\_\_