



VENDOR TABLE APPLICATION FOR PSI 2012 MEETING

Orleans Hotel & Arena
Las Vegas, Nevada

Name of Your Business _____

Your Name _____

Address _____ Suite _____

City _____ State _____ Zip _____

Phone Number _____ Fax number _____

E-mail _____

Business Type (circle one):

1. Non-Profit Organization
2. Business/For Profit

Business License Number/Tax I.D.

Number* _____

Vendor Type	Vendor Rates
Non-Profit Organization	\$50/day \$150/4 days
For Profit Business/Org.	\$100/day \$350/4 days

**If you are a non-profit organization, you must submit a copy of your tax exempt status.*

Type of product you want to display/sell _____

Please describe your business: _____

Electricity/Outlet needs: _____

Briefly how would this conference and its participants directly benefit from your business?:

Please complete this form and return by May 31st, 2012

Email: psioffice@postpartum.net

Fax: 503-894-9452

Mail: Postpartum Support International

6706 SW 54th Avenue

Portland, Oregon 97219