Exhibitor Application Form

Exhibitors will be contacted by Purdue after their application has been received to verify participation.

Name: _____________________________________________________________________

Organization: _____________________________________________________________________

Address: _____________________________________________________________________

City: _______________________ State: ___________  Zip Code: ______________________

Phone: (____)________________  E-mail: _________________________________________

Fax: (____)_____________________

☐ I require auxiliary aids/services due to a disability. Please contact me at the above address.

☐ I have the following special dietary needs: ________________________________________

____________________________________________________________________________

Exhibitor Information:

Type of display (circle all that apply):  Table Top  Literature only     Video
Other (please describe):__________________________

Description of display(content):____________________________________________________

____________________________________________________________________________

Note: Exhibitors with displays will be provided in a 10’ x 10’ space with one 6’ table, 2 chairs, and access to electricity. Exhibitors accepted for participation will be charged the $25–per-person Summit registration fee, which will include lunch.

Please mail or fax to: For More Information
Fax this form to: (765) 496-2970

Kathy Walters
Phone: (765) 494-2758
Email: kw@purdue.edu

Mail this form to: Office of the Vice President for University Relations
ATTN: Linda Soule
610 Purdue Mall
Hovde Hall, Room 217
West Lafayette, IN 47907-2040

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