



Latino Social Work Network OC
18th Annual Conference
October 5th and 6th 2007

Quest for Excellence:
Orgullo en el Pasado y Esperanza para el Futuro
(Pride in the Past and Hope for the Future)

Exhibitor Application

Company: _____

Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Fax: _____ Email: _____

Exhibit Package: Exhibitor registration includes Identification sign, a 6" skirted table, two chairs and up to two people to attend breakfast and lunch on both days of conference.

Organization Status: _____ For-profit: \$500 per table

_____ Non-profit: \$350 per table

Note: Tables will be assigned on a first-come, first-served basis upon receipt of exhibitor application AND payment. If you will need a phone line and/or electrical line, this service is available for a nominal fee. Please contact us for details.

Please return completed form with check payment made payable to **LSWN-OC** before **August 24, 2007** to: **LSWN-OC, P.O. Box 296, Santa Ana, CA 92792-0296, Attn: Public Relations Committee.**

Please contact Monica Rondan at lswnoc2007pr@yahoo.com or (714) 704-8940 with any questions.