

# REGISTRATION FOR EXHIBIT SPACE

## Early Intervention and Preschool Conference

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Representative who will attend the conference:

\_\_\_\_\_ E-mail: \_\_\_\_\_

Briefly describe the equipment, products or services to be featured:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

### RETURN APPLICATION WITH PAYMENT TO:

**United Cerebral Palsy**

507 N. Hook St

Tuscumbia, AL 35674

256-381-4310 Fax: 256-381-4378

[alison@ucpshoals.org](mailto:alison@ucpshoals.org)