



CAAS 2015 FALL MEETING: REGISTRATION FORM FOR EXHIBITORS/VENDORS

Hotel du Pont, Wilmington, DE
Thursday, October 8 to Saturday, October 10

Deadline for Pre-registration: postmarked by September 1, 2015

Name of Business/Organization: _____

Name of Contact Person: _____

Mailing Address: _____

Phone #: _____ **email:** _____

Representative #1: _____ **email:** _____

CAAS Member? _____ Is this your first CAAS Annual Meeting? _____

Representative #2: _____ **email:** _____

CAAS Member? _____ Is this your first CAAS Annual Meeting? _____

Number of tables requested: _____ (dependent upon availability)

Exhibitor Fee: \$35 per table (no charge for non-profit organizations) _____

Donation to CAAS Programs _____

Registration for 1-2 Representatives (waived): _____

Registration for meals (meals may not be purchased on site):

Buffet Luncheon Friday: \$24 _____

Buffet Dinner Friday: \$29 _____

Buffet Lunch Saturday: \$24 _____

Friday Reception Preceding The Clack Lecture: \$15 _____

Total Amount Enclosed: _____

Please mail this form postmarked no later than September 1, 2015 with your check payable to The Classical Association of the Atlantic States to:

Mary Brown, CAAS Executive Director, Shannon Hall, Valley Forge Military Academy and College, 1001 Eagle Road, Wayne, PA 19087