

EXHIBITOR APPLICATION FORM



8th Annual
NHEA Convention
March 27 & 28, 2007
Chaminade University of Honolulu
www.nhea.net

Please complete a separate form for each space you are requesting.

- There is no fee for exhibitors. If you are interested in purchasing meals from the Convention, there is a fee of \$30 per person. If you are registered for the Convention, you need not purchase meals separately as an exhibitor.
- No sales of services/products allowed. If interested in selling a product or service, please submit a Vendor Application Form.
- Tables will need to be set up by 8:00 a.m. on March 27 and taken down by 3:00 p.m. on March 28, 2007. Exhibitors will provide their own tables and chairs.
- **Space is limited.** Applications will be processed in the order in which they are received.

CONTACT PERSON INFORMATION

| | | | |
|----------------|----------------------|----------------|------------|
| Last Name | First Name | Middle Initial | Home Phone |
| Title | Company/Organization | Work Phone | |
| Street Address | City | State | Zip |
| | | | FAX |
| E-mail Address | | | |

EXHIBITOR INFORMATION

Description of your organization and what you will be exhibiting:

MEALS

| | Cost | Quantity | Total |
|---|------|--------------|-----------|
| Meals (per person) – One Day only <input type="checkbox"/> 3/27/07 <input type="checkbox"/> 3/28/07 | \$15 | | \$ |
| Meals (per person) – BOTH Days | \$30 | | \$ |
| | | TOTAL | \$ |

FORM OF PAYMENT (for meals)

Indicate payment method below:

- Check payable to the **NHEA**
- Purchase Order payable to the **NHEA**

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Return to Cultural Honor and Caring NHEA 2007

Return this form with payment to:

NHEA
PO Box 240164
Honolulu, HI 96824
FAX: (808) 235-7414

Deadline for Exhibitors is **March 15, 2007**

For questions about exhibiting, contact:

Toni Mallow
(808) 974-7678