



2010 EXHIBITOR REGISTRATION

Exhibitor Business Name: _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell _____ Fax _____

Email Address _____

Website Address _____

Type of Business _____

Products/Services to be promoted/sold _____

ChamberMember: _____ No _____ Yes Town: _____

Booth Fee	\$295	Booth Amount	\$ _____
Table Rental	\$10 for 6' table <i>must be reserved with contract</i>		\$ _____
1 Hour Demo/Lecture Room <i>Space is limited. Call for availability.</i>			
	Exhibitor: \$75 Non-Exhibitor \$150	Demo/Lecture Room	\$ _____
		TOTAL	\$ _____

Credit Card _____ VISA _____ MasterCard

Name on Card: _____

Card No. _____ Exp. _____

Signature: _____ Dated: _____

Check Please make check payable to: **Lower Cape Exp**
For more information: 508.255.7203

Mail to: Lower Cape Expo
P. O. Box 153
Orleans, MA 02653