



CVNE Conference
Tax ID # 45-0541422
**Vendor Registration/Donation
Form**

CONFERENCE DATES:
September 11th, 2021
Embassy Suites Ontario

(PLEASE PRINT OR TYPE)

REP. NAME: _____

TELEPHONE: () _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COMPANY: _____

E-mail address: _____

_____ **Tables are**

\$300.00 per table

Check desired choices:

SATURDAY:

1 Table _____

2 Tables _____

We can allow up to 30-minute individual presentation time with sponsorship of \$2500 towards lunch.

Interested in sponsoring speaker or other donation? Donation in the amount of: _____

Please make checks payable to: CVNE. Mail registration form and payment to:

If you have any questions, e-mail: californiavneducators@gmail.com or call Sylvia Silva at 559-731-4882

CVNE
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