



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

CONFERENCE DATES:  
April 27-28,2018  
Embassy Suites San Francisco Airport – Waterfront  
150 Anza Blvd.  
Burlingame, CA 94010

(PLEASE PRINT OR TYPE)

REP. NAME: \_\_\_\_\_

TELEPHONE: (    ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_

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

**Tables are \$250.00 per table for the two-day conference (no separate rate for one day)**

Check desired choices:

FRIDAY: _____	SATURDAY: _____
1 Table _____	1 Table _____
2 Tables _____	2 Tables _____

Interested in sponsoring: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_

Interested in making a donation: Donation in the amount of: \_\_\_\_\_

Please make checks payable to: CVNE

Mail registration form and payment to:

**CVNE**  
**P.O. Box 730894**  
**San Jose, CA 95173**

If you have any questions, e-mail: [californiavneducators@gmail.com](mailto:californiavneducators@gmail.com)