



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

CONFERENCE DATES:
April 26 & 27, 2019
Embassy Suites Sacramento

(PLEASE PRINT OR TYPE)

REP. NAME: _____

TELEPHONE: () _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COMPANY: _____

E-mail address: _____

_____ Tables are

\$300.00 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 _____

We can allow up to 30-minute individual presentation time with sponsorship of \$2,500 towards lunch.

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

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

CVNE
7797 N. First St., #23
Fresno, CA 93720

If you have any questions, e-mail: californiavneducators@gmail.com or call Sarah Prichard at 559-473-6567