

Exhibitor Registration Form

| | |
|-------------------------|--------|
| Company Name | |
| Primary Representative: | |
| Phone: | Email: |
| Website: | |
| Product or Service: | |

Administrative Contact Information

| | | |
|----------------|-------|-----|
| Contact Person | Email | |
| Address: | | |
| City | State | Zip |
| Phone: | Fax: | |
| | | |

| Exhibitor Fees includes: | Received by 6/30/11 | After 6/30/11 |
|---|---------------------|---------------|
| 8' table, 2 chairs, cloth and skirt, electric, breakfast and lunch for 2 exhibitors | \$400 | \$450 |
| | Total amount due: | \$ _____ |

Exhibitors wishing to attend conference sessions must register separately as a conference attendee.

Raffle donation for CCHRA Scholarship Fund:

In support of its mission to be the premier human resource association on Cape Cod providing information and education connecting HR professionals, businesses and the working community, the Cape Cod Human Resources Association (CCHRA) is pleased to allocate a portion of its budget each year to two types of scholarship awards:

- 1. CCHRA Member Professional Development Scholarships*
- 2. Cape Cod Community College Business Student Scholarship (1 per year)*

Mail check and completed form to:

CCHRA
P.O. Box 665
Hyannis, MA 02601

By credit card:

| | |
|---------------------|------------------|
| Name on card: | |
| Credit card number: | Expiration date: |
| Billing Address: | |
| Signature: | |

Policies: No booth space is guaranteed until payment is made. All cancellations must be received in writing by 9/1/11 to the CCHRA office and are subject to a 50% processing fee.