

Vermont Lactation Consultant Association, Inc.  
24<sup>th</sup> Annual Professional Lactation Conference  
April 20 & 21, 2017

## Marketplace Reservation Form

Type in highlighted fields. Print form and mail with registration fee.

Exhibiting business / organization: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_

State / Province: \_\_\_\_\_ Zip / Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Website: \_\_\_\_\_

Email address: \_\_\_\_\_

Products / Services to be exhibited or advertised: \_\_\_\_\_

\_\_\_\_\_

Name(s) of exhibit staff: \_\_\_\_\_

Please specify any location considerations: \_\_\_\_\_

### Marketplace Options (please check):

- |                          |  |       |
|--------------------------|--|-------|
| <b>I. Exhibit Table:</b> | <input type="checkbox"/> Commercial (50 more employees)                | \$250 |
|                          | <input type="checkbox"/> Small / Home Business (25,000 gross per year) | \$150 |
|                          | <input type="checkbox"/> Small non-profit (fewer than 50 paid staff)   | \$125 |
|                          | <input type="checkbox"/> Extra table                                   | \$ 75 |

**II. Conference Supporter** – I wish to donate the following service and/or item for the raffle (please describe):

\_\_\_\_\_

**TOTAL:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this form with your check, payable to VLCA Conference by April 7, 2017 to:

**VLCA Conference**  
**PO Box 218**  
**Hyde Park, VT 05655**

Reservations will not be processed until fee is received. Paid fees will be refunded in full before April 7, 2017. No refunds will be made after April 7. Exhibitor / Vendors who mail Marketplace Registration Forms postmarked after April 7 will NOT receive a listing in the Conference Participant Registration Folders. Your signature on this form serves as a contract binding your organization or business to the terms and policies of this conference.