



**CHILDREN IN TRAUMA**  
 JANUARY 12 AND 13, 2007 • Chico, CA

# Exhibitor Form

**Organization:**

**Name(s):** [1] [ ] [ ] [ ] [ ] [ ] [ ] [ ] **Title:**

[ ] [ ] [2] [ ] [ ] [ ] [ ] [ ] **Title:**

**Address:** [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] **Suite:** [ ] [ ] [ ] [ ]

**City:** [ ] [ ] [ ] [ ] [ ] [ ] **State:** [ ] [ ] [ ] **Zip Code:**

**Phone:** ( [ ] [ ] ) [ ] [ ] **ext.** [ ] [ ] **Fax:** ( [ ] [ ] ) [ ] **ext.**

**E-Mail:** [ ] [ ] [ ] [ ] **Website:**

**Please describe the service/resource that you plan to exhibit and any merchandise you plan to sell:**

**Please describe the format of your exhibit (poster, video, product display, etc.):**

**List any special needs you will have (access to power, etc.):**

**Please provide a brief description of your organization that we can use in the conference literature:**

**Yes! Please contact me about being a sponsor of this event.**

**There is no fee to be an exhibitor, however if you wish to receive continuing education credit (BBSE, MCEP, MCLE, BRN, etc.) for attending the conference you will need to register and pay the attendance fee.**

We greatly appreciate your interest in this event and look forward to accommodating your exhibit needs in any way that we can. We will contact you shortly with your space designation.

**Please mail or Fax payment and this completed form to:**  
 Center for Regional & Continuing Education  
 Attn: Heather Quilici  
 California State University, Chico  
 Chico, CA 95929-0250  
 Fax: 530-898-4020

