

Representative Signature___

DCCD Youth Convention '10

Exhibitor's Form

Date__

Exhibitor's Information:	
company/organization:	
Representative Name(s):	
Address:	
Contact Phone :	
Contact E-maíl:	
Contact Website:	
What will you be promoting?	
Please provide a brief description of what you will be promoting, including any additional information you would like to add.	
Exhibitor's Package	
Premium	Platínum
Package Includes: 1) 1 booth in general lobby 2) 1 video promo spot (2-3 min) during promo service 3) 1 live promo spot (2-3 min) during promo service Cost: \$300	Package Includes: 1) 1 booth in general lobby 2) 1 booth in youth leader green room 3) 1 video promo spot (2-3 min) during promo service 4) 1 live promo spot (2-3 min) during promo service 5) Video Promo (2-3 min) spots before each service
	Cost: \$1000
Important Information:	
Exhibitor's registration fees are non-refundable. Convention will be held at the SHERATON HOTEL ,1550 Court Place, Denver CO, 80202 November 24, 25, 26, 2010. For hotel reservations please call 1-888-627-8405 Please mail all registration forms and money to: CDDC Youth Ministries 2500 Corona Dr. NW Albuquerque, NM 87120 For hotel directions or further information please visit us at: www.CDDCyouth.com	
I,, a representative of have read, understand and agree to the above mentioned costs, deadlines, and conditions of this agreement.	