



INVITATION TO EXHIBITORS

Insert venue's name and address; date of meeting

New York State Women, Inc. extends an opportunity to market your products and services to women throughout New York State at their (board meeting, annual conference at hotel, location) on (insert date) . Exhibitors must have a valid NYS sales tax number and collect appropriate sales tax. To reserve a table, please complete the form below. Space is limited - - reserve - - early!

Reservation Deadline is (insert date)

Exhibitor: _____ Exhibit Description: _____

Contact Person: _____

Address: _____

Telephone: _____ E-Mail: _____

The Exhibit Area will be open date & time

6 Foot Table (no electric): # tables _____ @ \$____.00 each (non-member rate)
tables _____ @ \$____.00 each (member rate)

6 Foot Table (with electric) # tables _____ @ \$____.00 each (non-member rate)
tables _____ @ \$____.00 each (member rate)

*No charge for State Committees, but tables must be reserved in advance and may be subject to sharing at the discretion of the Vendor Chair.

Total Enclosed \$ _____

With my signature below, I assume entire responsibility and liability for losses, damages and claims existing out of injury to person or property. The venue does not provide security for the vendor areas.

Signature and Date _____

To reserve your table (s), please mail the form and payment to:
(checks payable to: NYS Women, Inc. Memo: Conference or Board Exhibitor)

Contact name Address Phone Email