



VENDOR/DISPLAY TABLE SUBMISSION FORM

Company/Organization Name: _____

Contact Person: _____

Address: _____

City: _____ Province/State/Country: _____ Postal Code: _____

Work #: _____ Fax #: _____

Email: _____ Website: _____

Vendor (V) Information Booth (IB)

*Vendor: Selling items for profit.

*Information Booth: An organization interested in only sharing information about their program(s) and/or services offered.

Please choose from the following options:

Full 3 day conference: \$1000 (V) \$750 (IB)

1 Day Conference: \$400/day (V) \$300/day (IB)

Please indicate which day(s) you will be attending:

Wednesday Thursday Friday

Disclaimer: Please note we are not a charitable organization and therefore contributors must understand this does not qualify for a charitable tax deduction.

Method of Payment:

Cheque E-Transfer Total Payment \$_____

*Please make cheques payable to the **Child and Youth Care Workers Association of Manitoba.**

Send form to:

CYCWAM Display Tables

PO Box 33002 Polo Park PO

Winnipeg MB. R3G 3N4

*E-Transfers along with scanned form can be sent to treasurer@cycwam.ca

*Please note that if you are a CYC program information booth booking a display table for the full conference, **1** representative can attend the conference at no charge (IB – 1 representative).

*If you are interested in submitting discount offers to conference attendees, we ask that they be sent to us no later than May 15, 2024.

*Submission forms need to be in by May 1, 2024.

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