

2015  
October 15

EXHIBITOR FORM

10th Annual Indiana Latino Conference

Sheraton Hotel - Downtown Indianapolis

Organization Info

Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Special Needs

# Electrical outlets \_\_\_\_\_ (\$30.00 each)

Other \_\_\_\_\_

Fees

Not for profit..... \$150.00

All other.....\$250.00

Electrical outlets (each)..... \$ 30.00

Total Payment \$ \_\_\_\_\_ .00

\*\*\* Exhibitor fees include: luncheon admittance (1) | 6ft. table (1) | chair (1) | wastebasket (1)

**Checks payable to the order of:**

*Latino Coalition Against Domestic & Sexual Violence  
300 E. Fall Creek Parkway N. Drive, Suite 200  
Indianapolis, IN 46205  
Tel: (317) 926-4673  
Fax: (317) 926-4672*

**Overnight Accommodations:**

*Sheraton Hotel, Downtown Indianapolis  
Call (317) 635-2000 x 1000  
or  
1-800-325-3535  
Ask about our special group rate \$139.00*