EXHIBITOR FORM

th Annual Indiana Latino Conference

Sheraton Hotel - Downtown Indianapolis

Organization Info			
Name:			
Contact Person:			
Address:			
	City:	State:	Zip:
Telephone:		Fax:	
Email:		@	
Special Needs # Electrical outle Other	•	0.00 each)	
All other	s (each)		\$150.00 \$250.00
*** Exhibitor fees include: lur	ncheon admittance (1) 6ft_table (1) chair (1) wa	astehasket (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 \$119.00

Form and payment **due** on or before **October 5, 2014**Registration **CANNOT** be processed without **full** payment