



Exhibitor Form

3rd Annual Regional Conference on Adolescent Health

Empowering Youth in 2019:

Dynamic Approaches for Youth-Serving Professionals

June 6-7, 2019

Kansas City Airport Hilton

Name of Exhibitor: _____
Address: _____
City: _____
State _____
Zip Code: _____
Telephone #: _____
Email Address: _____

Number of tables needed: one two (please circle of tables needed)

Electricity needed: yes no (please circle appropriate answer)

Exhibitor fee: \$300 for 2 days

Make checks payable to: **Health Endeavors: Consulting and Training, LLC**

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