

# National Association of Hispanic and Latino Studies

## WESTERN REGIONAL CONFERENCE SEPTEMBER 29 – OCTOBER 1, 2011

Town & Country Resort Hotel  
500 Hotel Circle North  
San Diego, California 92108  
619/291-7131

---

### EXHIBITOR REGISTRATION FORM

---

**INSTRUCTIONS:** Exhibit spaces will be available at the Town & Country Resort Hotel during the Regional Conference from September 29 – October 1, 2011. All vendors must break-down exhibit spaces by 2:00 PM Saturday, October 1, 2011. The number of spaces is limited and, therefore, will be provided on a first-come, first-served basis. The exhibit fee is \$300.00 per table for the entire length of the conference. Space allotted for each business will be approximately 6' x 6'. To reserve your space and table(s), **please complete this form and return with the registration fee to:** Dr. Lemuel Berry, Jr., Executive Director, NAHLS, PO Box 6670, Scarborough, ME 04070-6670. (Phone: 207/839-8004; Fax: 207/839-3776) Payments must be made in advance.

<b>Attendee's Name:</b> (Mrs., Ms., Dr., Mr.) (please circle)		<b>Title/Position:</b>
Name of Business or Organization:		
Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Office		
City:	State:	Zip:
Phone:	Fax:	Email:
Date of Arrival:	Date of Departure:	
Additional Contact Person or Attendee:		

Federal Tax I.D. #54-1701165

[www.NAAAS.org](http://www.NAAAS.org)

(over)

Briefly describe the type of merchandise to be sold or items to be displayed.

**PAYMENT METHOD:**

Check

Money Order

Signed Purchase Order # \_\_\_\_\_

Credit Card # \_\_\_\_\_

MasterCard, Visa, Discover Exp. Date  
CVV \_\_\_\_\_ (Security # on back)

Cardholder's Name: \_\_\_\_\_

Cardholder's Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I agree to pay the above total amount according to card issuer's agreement.

Make all methods payable to: **NAAAS & Affiliates.**