

## EXHIBITOR CONFERENCE REGISTRATION & MEAL REQUEST FORM

**33<sup>rd</sup> Annual SUNY Career Development Organization Conference, June 3-5, 2009**

Watkins Glen Harbor Hotel • 16 North Franklin Street • Watkins Glen, New York 14891

Fax: 607-535-6188 • www.watkinsglenharborhotel.com

Please circle appropriate fees	Fee
<p><b>EXHIBITOR:</b> Conference registration with \$300 payment entitles exhibitors to:</p> <ul style="list-style-type: none"> <li>• Introductions during the General Conference Welcome at the beginning of the Conference</li> <li>• An Exhibitor table located near high traffic area</li> <li>• Opportunity to schedule individual time with members to address specific needs</li> <li>• Conference involvement/networking (workshop attendance and leisure activities)</li> <li>• Company information will be distributed to all conference attendees</li> </ul> <p>Exhibitors will be assigned a display space with electrical hook-ups provided. Wi-Fi internet service is available at no charge throughout the facility. We would also like to invite you to bring an item for our annual benefit raffle to be held before dinner on Wednesday. Many exhibitors have enjoyed participating in the raffle in past years.</p>	<b>\$300</b>
<p><b>EXHIBITOR MEAL PLAN:</b> The Watkins Glen Harbor Hotel offers a variety of meal options including the hotel restaurant. If you would like to join SUNY CDO conference participants for meals starting with the Wednesday lunch and ending with the Friday breakfast (including a reception cruise on Seneca Lake before dinner on Thursday) please indicate the number of meal plans you would like to purchase and include payment with your exhibitor or sponsor fee.</p> <p style="text-align: center;">I would like to purchase _____ (indicate number) Exhibitor Meal Plan(s) Names: _____ _____</p>	<b>\$140 pp</b>
<p><b>SPECIAL DIETARY REQUIREMENTS:</b></p>	
<p><b>HOTEL RESERVATION:</b> <i>(to be paid directly to the hotel)</i></p>	See: Hotel Form

Please complete page two  
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**PLEASE PRINT OR TYPE**

Company/Organization:	
Representative's Name:	
Representative's Name:	
Representative's Name:	
Address:	
City, State, Zip:	
Phone:	Fax:
Email Address:	

Description of display materials & equipment needs:
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**\*Please attach a one-page description of your product or service to be included in the Exhibitor Guide.**

Please make checks payable to  
***SUNY Career Development Organization, Inc.***  
**\*\*\*Credit Cards are *not* accepted\*\*\***

<p><b>PLEASE MAIL BOTH PAGES OF THIS FORM AND YOUR PAYMENT TO:</b> Tim Lahey Director, Career Services Adirondack Community College 640 Bay Road Queensbury, NY 12804 <b>Questions?</b> Contact Tim Lahey at 518-743-2268 or lahey@sunyacc.edu <b>DEADLINE: FRIDAY, April 10, 2009</b></p>
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