

**17th Annual SDCTM/SDSTA Professional Development Conference
February 5-7, 2009** **Huron, South Dakota**

Exhibitor Registration Form

Company Name _____
(As you wish it to appear in the program)

Representative _____

Street Address _____

City, State, Zip _____

Phone _____

Registration Fee: First Table: \$200. Each additional table: \$50.

Total number of tables required: _____.

This registration fee includes a \$50 deposit that will be refunded if exhibits are open through 7 pm Friday AND an additional \$50 deposit that will be refunded if exhibits are open through 12 noon Saturday!

We ask that all exhibitors please furnish AT LEAST one door prize when arriving in Huron, for us to raffle at the Friday and Saturday luncheons. Refund checks will be mailed to exhibitors that meet these criteria (exhibit timelines AND raffle prize) immediately after the Conference. THANK YOU!

Exhibitors may set up AFTER 7 pm Thursday and are strongly encouraged to keep their booths open through 3 pm Saturday!

Please make checks payable to SDCTM and mail this completed form with registration fee by October 26th, 2008 to:

**Mark Farrand
Conference Vendor Coordinator
Rapid City Central High School
433 N. 8th Street
Rapid City, SD 57701**

**To make room reservations call the
Huron Crossroads Hotel at (605) 352-3204.**

Questions? Email to mark.farrand@k12.sd.us