

PA VECTOR CONTROL ASSOCIATION CONFERENCE

**INDIVIDUAL/NONCOMMERCIAL
CONFERENCE REGISTRATION FORM**

NAME:

TITLE:

AGENCY/COMPANY:

MAILING ADDRESS:

PHONE:

FAX:

E-MAIL:

I definitely will attend the following days:

October 29

October 30

October 31

I plan to attend, but have not yet received final approval.

I definitely will NOT be able to attend the Conference.

Will you be staying at the Days Inn? YES NO

List Nights:

**NOTE: THIS IS NOT A HOTEL REGISTRATION. YOU WILL HAVE TO CONTACT THE
DAYS INN TO MAKE YOUR OWN RESERVATION. (814-238-8454)**

**COMMERCIAL REPRESENTATIVE/EXHIBITOR
CONFERENCE REGISTRATION FORM**

NAME:

TITLE:

COMPANY/ORGANIZATION:

MAILING ADDRESS:

PHONE:

FAX:

E-MAIL:

I will be attending the Conference and plan to have an exhibit.

I will be bringing an additional representative(s) from my company. Number: _____. Please have ea. additional representative complete the individual registration form (above) and submit \$120 for each.

I will need a standard 3' x 6' table for my display. Additional needs: _____

I will be attending the Conference, but will not have a display.

I will be staying at the Days Inn. List nights: _____

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