



2010 EXHIBITOR RESERVATION FORM

Company Name _____
On-Site Sales Representative Name _____
Phone _____ Email _____
Company address _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> street city state zip code </div>

CHOOSE ONE

OPTION 1: (Tue. And Wed.)	OPTION 2: (Tue. ONLY)
_____ Number of table needed. (\$70.00 first table, \$60.00 each add.)	_____ Number of table needed. (\$50.00 first table, \$40.00 each add.)
_____ Number of people attending lunch on Tuesday	_____ Number of people attending lunch on Tuesday
_____ Number of people attending dinner on Tuesday	
Other exhibit needs or questions: (please note that there are no phone or internet lines in the exhibit hall)	

_____ TOTAL AMOUNT ENCLOSED. Make checks payable to OCDA.
PLEASE RETURN BY MAY 1

Tina L. Groom
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