

APPLICATION FORM



Filling Your Toolkit
Partnering for Student Success
AN EVENT SPONSORED BY BELÉN CONSOLIDATED SCHOOLS
February 23, 2008 · Belén High School

Email to: Tisha@KessJones.com or

FAX to (505) 266-3461 (no cover sheet necessary) or

Mail to: Kesselman-Jones, Inc. (Belen Community Event), PO Box 30182, Albuquerque, NM 87190

PLEASE FILL OUT AS YOU WOULD LIKE YOUR INFORMATION TO APPEAR IN OUR PRINT MATERIALS:

Organization	
Address	
City, State, Zip	
Web Site	

OFFICIAL CONTACT PERSON

Name			
Title			
Phone		E-mail	

BOOTH IDENTIFICATION SIGN

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ORGANIZATION DESCRIPTION

Please provide a two or three sentence description for our event program.

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NAMES OF BOOTH WORKERS

This information will be used for name tags. Tags will be placed at exhibit booth prior to your arrival. Because of the length of the event we assume some organizations will have workers in shifts.

Name		Title	
Name		Title	
Name		Title	
Name		Title	

-Application continues on the next page-

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Filling Your Toolkit:
Partnering for Student Success
AN OPEN CONNECTION OF THE OPEN CONNECTIONS PROGRAM
February 23, 2008 • Belen High School

DOOR PRIZES

Do you have an item(s) you can donate for door prizes? Yes No

Describe item(s)/quantity donating: _____

ELECTRICAL

Electricity is included in the booth fee. Please mark if your booth requires or does not require electrical.

Our booth requires electrical Our booth does not requires electrical

PAYMENT INFORMATION

<input type="checkbox"/>	For Profit Organization Exhibit Booth		=	\$100.00
<input type="checkbox"/>	Non Profit Organization Exhibit Booth		=	\$ 0.00
<input type="checkbox"/>	Package Sponsor	Select from the following and enter amount Superintendent Sponsor (\$1,000) Principal Sponsor (\$750) Textbook (Program Book) Sponsor (\$1,000) Backpack (Attendee Bag) Sponsor (\$1,000)	=	
		TOTAL AMOUNT DUE		

PAYMENT METHOD

- Check payable to **Kesselman-Jones, Inc.**, Tax ID 85-0409965.
 Credit card

Card type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		
Card number:	Expiration date	
Name on card:	Billing Zip Code	
Signature of card holder:		

I have read and agree to the parameters outlined in exhibitor information package.