



## Annual Turn on the Light National Conference on the Wellbeing of Children & Families

### Exhibitor/Vendor Registration

Registration includes one (1) 6' skirted table, one (1) chair, lunch, and a listing in conference program - Set up time: 7:15a-7:45a. *Please note that parking is not included in the registration rate*

Company: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Vegetarian meal? ☐ Y ☐ N

\*Representative at table (if not contact person): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Vegetarian meal? ☐ Y ☐ N

#### Registration Rates *All registrations are final and non-refundable.*

☐ **\$400** (Corporate)

☐ **\$325** (Nonprofit)

☐ **\$175** (additional representative): Name: \_\_\_\_\_

Email: \_\_\_\_\_ Veg meal? ☐ Y ☐ N

#### Method of Payment

☐ Check enclosed made payable to The Children's Healing Institute (Amount: \_\_\_\_\_)

☐ Charge my credit card (please complete the information below)

☐ AMEX ☐ VISA ☐ MasterCard Card # \_\_\_\_\_ Exp \_\_\_\_\_

CIV/CSC Code\*\* \_\_\_\_\_ Name on Card \_\_\_\_\_

\*\*3 or 4 digit number located on back of card

Amount \$ \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Questions? Call 561-687-8115 - Return completed Registration form to:  
The Children's Healing Institute – 2161 Palm Beach Lakes Blvd. Suite 212 - WPB, FL 33409  
FAX 561-687-8116 or [SSantosus@ChildrensHealingInstitute.org](mailto:SSantosus@ChildrensHealingInstitute.org)