

10th Annual
Orange County Small Business Conference & Expo - Saturday, May 2, 2009
Sponsored by Orange Coast College
Opportunities in a Challenging Market

EXHIBITOR APPLICATION

Company Name _____ Contact Name _____
 Address _____ Title _____
 City, State & Zip _____ Day Phone (____) _____
 Email _____ Eve Phone (____) _____
 Website Address _____ FAX (____) _____

1. Type of service or product your company represents:

- | | | |
|--|---|--|
| <input type="checkbox"/> Accounting, banking, finance | <input type="checkbox"/> Graphic design, printing, mailing house, list broker | <input type="checkbox"/> Office equipment, furniture, supplies |
| <input type="checkbox"/> Advertising, marketing, sales | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Business consulting | <input type="checkbox"/> Human resources, payroll, staffing, job placement | <input type="checkbox"/> Technology (IT, website, computer hardware and software, telephone systems) |
| <input type="checkbox"/> Business opportunity (franchises, business brokers) | <input type="checkbox"/> Insurance | Other _____ |
| <input type="checkbox"/> Business or professional assn. | <input type="checkbox"/> Legal | |
| <input type="checkbox"/> Education and training | <input type="checkbox"/> Manufacturing | |
| <input type="checkbox"/> Government agency | | |

2. Will you conduct sales on the exhibit floor? ____ Yes ____ No
 If yes, describe service/product to be sold _____

3. Have you participated at the SBCE in the past ____ Yes ____ No
 ____ Sponsor ____ Exhibitor ____ Presenter ____ Attendee Please indicate year(s).

Sign up early for preferred exhibitor assignments!

_____ Exhibit Tables @ \$245 each (*Includes three attendees*) \$ _____
 _____ Additional attendees (@ \$25 each) \$ _____
Total Payment \$ _____

Method of Payment:

Check Make check payable to Orange Coast College Foundation
 Charge (*circle one*) Visa / Mastercard / Discover / American Express
 Card # _____ Exp. Date _____
 Name of Cardholder _____
 Signature _____ Date _____



Mail this form and payment to:
 OCC Foundation
 PO Box 5005
 Costa Mesa, CA 92628-5005
 or fax to 714.432.5620



Sign up by Feb. 23 to be included in event brochure

Questions? Please contact Janis Dinwiddie at Dinwiddie Events 949.548.2411 or email: sbce_contact@yahoo.com

