



EXHIBITOR RESERVATION FORM

“C³: CONNECTIONS, CONVERSATIONS, AND COLLABORATIONS “
PCTELA CONFERENCE 2019 **October 11th and 12th, 2019**

Penn Stater Hotel and Conference Center
State College, PA

COMPANY NAME _____

SALES REPRESENTATIVE OR CONTACT PERSON

ADDRESS

EMAIL _____

NUMBER OF TABLES NEEDED _____ (SEE “SCHEDULE OF EXHIBITOR FEES”)

FRIDAY ONLY _____ SATURDAY ONLY _____ FRIDAY AND SATURDAY -----

TOTAL ENCLOSED _____

PLEASE MAKE CHECKS PAYABLE TO “PCTELA” AND SEND TO

PCTELA
PO BOX 2327
BUTLER, PA 16003-2327

Would your company be willing to donate an item to be given away as a doorprize at our luncheon or breakfast? _____yes. (A representative of our organization will see you the day of the conference for your donation.)

- Please make a copy of this form for your records.***
- ***You will be contacted concerning set-up details approximately one month before the conference..***
 - ***When making sleeping room reservations at the hotel, PLEASE indicate that you are there for the PCTELA Conference.***