



Reading Recovery® Council of Michigan

Office of Lifelong Learning and Education-RRCM
3275 Ellsworth
Kalamazoo, Michigan 49008-5280
Phone (269) 387.4174
Fax (269) 387.4189

2011 Reading Recovery® Council of Michigan Institute

November 17-18, 2011

The Somerset Inn • Troy, Michigan

Exhibitor Application Form

Please Print or Type:

Company name _____

Company address _____

Contact (first and last name) _____

Phone _____ Fax _____ Email _____

Please indicate the first and last names of the people who will be managing your booth:

Primary on-site representative:

Secondary representative(s):

1. _____
Full Name

2. _____
Full Name

Mailing Address of Primary on-site representative

E-mail Address

City/State/Zip Code of Primary on-site representative

3. _____
Full Name

Email of Primary on site representative

E-mail Address

Description of company and products or services (30 words or less):

Exhibit Options:

_____ First Exhibit Table @ \$450

_____ Additional adjacent tables @ \$300 ea

\$ _____ **Total Amount Due**

Payment Information:

Enclosed is a check or money order made payable to WMU – RRCM

Please charge my: VISA MasterCard Discover

_____ charge card account number

_____ expiration date

_____ authorized signature

Enclosed is a copy of my Purchase Order # _____ Contact Person: _____

*Contact Address: _____ Contact E-Mail: _____

***Must** include contact address **or** contact e-mail

Return this form before October 17, 2011, to: RRCM, Lifelong Learning & Education,
Western Michigan University, 3275 Ellsworth, Kalamazoo, MI 49008-5230.
Phone: (269) 387-4174, Fax: (269) 387-4189.

For Office Use Only

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MO/Check# _____ Credit Card _____ Amt Recd \$ _____

Auth/Recpt _____ Date _____ Issued By _____