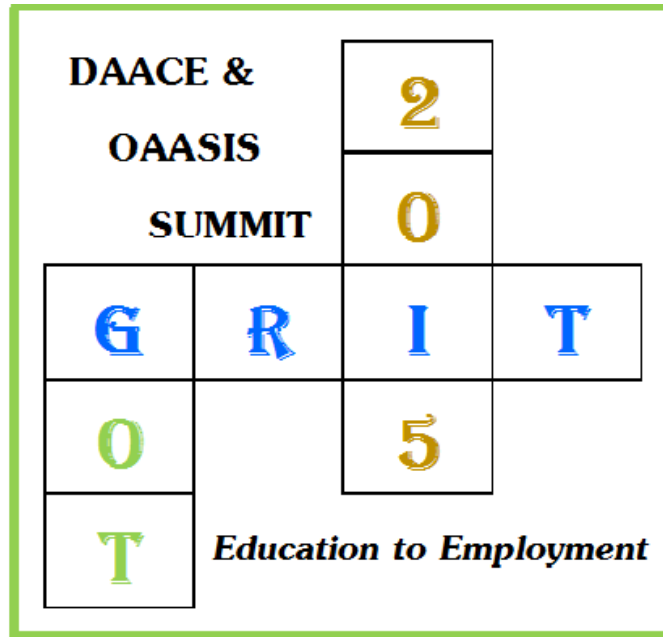


The 7th Annual DAACE/OAASIS Statewide Summit



Saturday, March 28th, 2015 8am* – 4pm
POLYTECH Adult Education Center
823 Walnut Shade Road, Dover, DE 19901
Exhibitor Registration Form

Company _____

Representative _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone # _____ **Fax #** _____

E-mail Address _____

Number of Tables Requested _____ **Price \$** _____
Tables @ \$100.00 each

Event sponsorship opportunities available – please contact Joanne at joanne.heaphy@ace.k12.de.us

Total Due \$ _____

Payment or Verification for payment must be received by March 1st, 2015.
Please return reservation form with remittance (check payable to DAACE) to:
DAACE, Attn: Summit, 516 W. Loockerman Street, Dover, DE 19904

***The exhibit area will be open to exhibitors at 7:00am for setup.**