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Book Exhibitor Application Form 2018

Information

Name of Representative _____

Name of Company _____

Address _____

City _____

State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____

Fees

Participation: $125 1 table, $150 2 tables

Set Up Day and Time (please choose one):

- ☐ Day before Institute (4:00 P.M.) 6/26
- ☐ First day of Institute (7:00 A.M.) 6/27

Payment

☐ Check (Payable to "Bellevue School District.")

Credit Card _____

Card Number _____

Expiration Date (MM/YY) _____

Three digit verification code _____

Cardholder Name _____

Send Materials to: Interlake High School, C/O AP Institute,
16245 NE 24th St, Bellevue, WA 98008

Please put representative's name in address

Materials should be sent to Interlake High School no more than 5 days before event.