



**SWCBA Regional Meeting 2022**  
**October 16 – 18, 2022**  
**Oklahoma State University**  
**Atherton Hotel**  
**202 S Hester, Stillwater, OK 74078**

**VENDOR REGISTRATION FORM**

Please reserve a table for our firm at the Southwest College Bookstore Association Meeting. I understand that exhibitors must be current members in good standing with the SWCBA.

Full registration includes: one 6' skirted table, two chairs and company sign, one ticket for the Vendor Appreciation Luncheon at the tradeshow, and one Opening Night Ticket and Closing Night ticket (each with one set of refreshment tickets). The trade show is scheduled for Monday, October 17, 2022 from 10am – 2pm.

**Company Name:** \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Company Representative attending meeting to receive full registration packet.

Do you plan to stay at the meeting host hotel? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Full registration(s) ONE PER FIRM REQUIRED** \_\_\_\_\_ X \$395.00 = \$ \_\_\_\_\_

Registration after **September 9, 2022** \_\_\_\_\_ X \$445.00 = \$ \_\_\_\_\_

Additional Table request \_\_\_\_\_ X \$100.00 = \$ \_\_\_\_\_

Electric: (Free but please indicate if you need electric on form) \_\_\_\_\_ X \$0 = \$ \_\_\_\_\_

Wi-Fi (Basic is free)

**Height of Booth? (Please indicate if your booth sets on the table or if it sits on the floor)** Table \_\_\_\_\_ Floor \_\_\_\_\_

Additional Name Badges request for company representatives attending meeting

Name: \_\_\_\_\_ Email: \_\_\_\_\_ \_\_\_\_\_ X \$5.00 = \$ \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ \_\_\_\_\_ X \$5.00 = \$ \_\_\_\_\_

**Additional Tickets:**

Opening Night Sunday, October 16, 2022 \_\_\_\_\_ X \$65.00 = \$ \_\_\_\_\_

Vendor Appreciation Luncheon Monday, October 17, 2022 Buddy Ticket \_\_\_\_\_ FREE  
 (One free buddy ticket with each full registration for an additional company employee)

Vendor Appreciation Luncheon Monday, October 17, 2022 \_\_\_\_\_ X \$40.00 = \$ \_\_\_\_\_

Closing Night Monday, October 17, 2022 \_\_\_\_\_ X \$60.00 = \$ \_\_\_\_\_

Please attach a description of any special dietary needs or special accommodations to fully participate. **Total: \$ \_\_\_\_\_**

Method of Payment: \_\_\_\_\_ Check \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

Card Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CCV (security code on back of card): \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Card Holder Name (Please Print): \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax: \_\_\_\_\_

Please Return Remittance and Registration Form to: SWCBA Office Attn: Starla Marshall 5301 S. Eagle Rd, Yale, OK 74085  
 Cell: 405-880-4131 Fax: 314-754-2667