



14th Indian Nations & Tribes Legislative Day

January 20, 2009
Arizona State Capitol

EXHIBITOR RESERVATION FORM

Agency, Tribe and/or Department: _____

Please check only one box indicating the type of agency your booth represents!

Sponsor Tribal Agency State Agency Private Agency

Address: _____

City, State & Zip: _____

Contact Name: _____

Contact E-Mail: _____

Contact Phone: _____ Contact Fax: _____

List the names of people staffing booth: _____

The following information is required to determine the most appropriate space for your booth. We will provide you with one 6ft table and 2 chairs. Please check the appropriate box or boxes. Thank you.

Banner or sign: Yes No

Materials: Handouts only Giveaway items Items for Sale

Will you have a canopy, large backdrop, or display board: Yes No

PAYMENT

****BOOTH FEES ARE \$100 and PAYABLE in ADVANCE UNLESS YOU ARE A SPONSOR****

Sponsor Check Enclosed Purchase Order

Please make purchase orders and checks payable to and return to: Arizona Commission of Indian Affairs
Attn: Lorie Wells
3030 N Central Ave, Ste 1407
Phoenix, AZ 85012
Fax: (602) 542-3223
E-Mail: lorie.wells@azcia.gov

Office Use Only:

Reservation #: _____ Invoice #: IIAA9 _____ Payment : _____ Receipt #: RIAA9 _____

SPACE #