

Spirit of Safety (S.O.S.) Conference

Hilton Hotel and Convention Center

1001 County Line Rd.

Jackson, Mississippi 39211

November 14-16, 2007

APPLICATION FOR CONFERENCE EXHIBITS

Company _____

Contact Person _____ Telephone () _____

Address _____
City State Zip Code

Fax Number () _____ E-mail _____

Exhibitors are responsible for setting up and dismantling exhibits. Tables will be provided. A maximum of two tables may be purchased by a single exhibitor. Due to limited space, applications will be accepted and placement assigned on a first-come basis.

Exhibit Fees: Standard (cannot sell) \$100 Special Sales Exhibits (can sell items) \$150

Check the appropriate box:

Method of Payment: Checks/Money Order Purchase Order

Date(s) of Exhibit: November 14, 2007 November 15, 2007

November 16, 2007

Number of Tables: One (1) Two (2)

Total Amount Enclosed: _____

Exhibit Summary _____

Address Inquires to:

Will Jones, III
College of Lifelong Learning
Phone: 601-432-6879
Fax: 601-432-6124

Make Check Payable to:

Jackson State University
College of Lifelong Learning
3825 Ridgewood Road, Box 23
Jackson, Mississippi 39211