



861 E Sibley, Howell, MI 48843

517-548-9112

[www.childconnectmi.org](http://www.childconnectmi.org)

[CSHCconference@aol.com](mailto:CSHCconference@aol.com)

Child Connect for Family Success would like to invite you to be an exhibitor at the 2020 Community Sharing for Healthy Caring Regional Early Childhood Conference. This year's conference is **Saturday, November 7, 2020** at Howell High School located in Howell, Michigan.

Child Connect for Family Success is hosting the 30<sup>th</sup> Annual Conference in partnership with the Kellogg Family Foundation. We anticipate over 1000 participants. The conference draws administrators, child care personnel, educators, program directors, church and community representatives, and more. As an exhibitor, you will be offered the opportunity to support quality child care and education, while selling your goods and services, or to market your program and resources. Please note the following conditions:

1. **Any vendor offering a conference workshop will be given a free vendor table in lieu of the workshop honorarium.** The workshop proposal form will be posted late spring at [www.childconnectmi.org](http://www.childconnectmi.org).
2. Offering the sale of any product or item (on-site or future) is considered a Commercial Table.
3. Your space will be available for set-up beginning at 6:30 AM the morning of the conference. Participant registration begins at 7:15 AM. Vendors may begin to break down their booths following the start of the last session and pack up by 4:00 PM.
4. Only one vendor per company or organization will be accepted. (First come, first served.)
5. Vendors are required to ensure their assigned spaces are clean and trash is properly disposed of during the conference and also prior to their departure.
6. We recommend your table be staffed at all times during the conference.
7. You will receive a detailed map outlining your exhibit location prior to the conference.
8. Vendors are asked not to bring children.
9. **One lunch per vendor is included with your table fee.** Additional lunches will require a separate fee. This complimentary lunch is for the first full-price table.

Please respond by **August 7, 2020** to reserve your space.

Additional detailed information will be sent out mid-September to those who reserve a vendor space. If you have any questions or concerns about the exhibits, feel free to contact Peggy Hall at 517-548-9112 or email [CSHCconference@aol.com](mailto:CSHCconference@aol.com). To reserve a space, return your completed form along with your check payable to: **Child Connect for Family Success**.

We look forward to your participation.

Sincerely,

Peggy M. Hall  
Vendor Chairperson  
Child Connect for Family Success  
[CSHCconference@aol.com](mailto:CSHCconference@aol.com)

Event sponsored by  
The logo for the Kellogg Family Foundation features the word "Kellogg" in blue, with a stylized yellow and blue figure above the "o". Below "Kellogg" is the text "Family Foundation" in a smaller blue font.



**VENDOR APPLICATION**

**Community Sharing for Healthy Caring Conference  
Saturday, November 7, 2020  
Howell High School, Howell, Michigan**

**PLEASE RETURN THIS REGISTRATION FORM AND PAYMENT BY: August 7, 2020**

Peggy Hall, Vendor Chairperson  
c/o Child Connect for Family Success  
861 E Sibley St.  
Howell, MI 48843

MAKE CHECKS PAYABLE TO:  
**CHILD CONNECT FOR FAMILY SUCCESS**  
Call 517-548-9112 to pay via credit card

EXHIBITOR \_\_\_\_\_  
SERVICE OR PRODUCT PROVIDED \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
EMAIL \_\_\_\_\_

**COMMERCIAL EXHIBITORS**

Please reserve a table for my exhibit @ \$75.00/first table (one lunch included)	= \$ _____
Please reserve _____ additional table(s) @ \$35.00/table	= \$ _____
Please reserve _____ additional lunch(es) @ \$10.00/person	= \$ _____
Total Amount Enclosed	= \$ _____

**NON-PROFIT EXHIBITORS**

Please reserve _____ table(s) for my exhibit	= <u>no charge</u>
Please reserve _____ lunch(es) @ \$10.00/person	= \$ _____
Total Amount Enclosed	= \$ _____

**WILL YOU NEED?** wall space \_\_\_\_\_ electrical outlet \_\_\_\_\_ additional space \_\_\_\_\_  
Other needs (please specify): \_\_\_\_\_

**Please note: Workshop presenters may request one vendor table in lieu of \$75.00 honorarium.  
If you have any questions about the exhibits, call Peggy Hall at 517-548-9112**

***I understand that the conference, the sponsoring organizations, and/or Child Connect for Family Success accept no responsibility for the security of exhibits during shipping or while on display at the conference.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title \_\_\_\_\_