



OKLAHOMA SCIENCE TEACHERS ASSOCIATION
Fall Professional Development Symposium
Saturday, November 6, 2010
8:30 am – 3:15 pm
University of Central Oklahoma, Howell Hall

OSTA's LEAP

Exhibitor: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email: _____

Type of Product: _____
_____ Commercial _____ Not for Profit (Please provide proof of non-profit status)

Person(s) in Charge of Exhibit:
Name(s): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____

Rental Cost of Exhibit Space*:
One Table = \$ 100.00 +\$50.00 for each additional table
*No charge for Not-for-Profit Exhibitors
\$15 per person for non-profit for lunch and snacks
Commercial Exhibitors receive 1 free lunch per table with additional lunches at \$15 per person
Space Requirements:
_____ One Table _____ Two Tables _____ Three Tables _____ Other _____

Signature: _____ **Title:** _____

Make checks payable to OSTA Exhibits.

Signed Contracts must be received by Friday, October 1, 2010. Please send to:

Kaye Emde – OSTA President-elect

Heritage Hall School

1800 NW 122nd Street

Oklahoma City, OK 73120-9524

Phone: (405) 749-3020, kemde@heritagehall.com, kemde@hotmail.com

OSTA Office Use Only:

Date Received: _____ Space(s) Assigned: _____

Total Amount of Contract Paid _____ Amount Due: _____