



OKLAHOMA SCIENCE TEACHERS ASSOCIATION
Fall Professional Development Symposium
Saturday October 25, 2008
8:30 am – 4:30 pm
Northeastern OSU – Broken Arrow Campus

Science Inside and Out

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

Type of Product: _____ _____ Commercial _____ Not for Profit (Please provide proof of non-profit status)
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Person(s) in Charge of Exhibit:
Name(s): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____

Rental Cost of Exhibit Space*:
One Table = \$ 150.00 Two Tables = \$250.00 Three Tables⁺ = \$300.00
*No charge for Not for Profit Exhibitors ⁺\$50.00 for each additional table
Space Requirements:
_____ One Table _____ Two Tables _____ Three Tables _____ Other _____

Signature: _____ **Title:** _____

Make checks payable to OSTA Exhibits.
Signed Contracts must be received by Friday, September 19, 2008 to
Pam Christol – Vice President
Northeastern State University
3100 N. New Orleans St.
Broken Arrow, OK 74014

OSTA Office Use Only:

Date Received: _____ Space(s) Assigned: _____
Total Amount of Contract Paid _____ Amount Due: _____