

EXHIBITORS APPLICATION FORM

**2008 Oregon Council for the Social Studies Fall Conference
Saturday, September 27, 2008
8:00 am – 1:00 pm
Sprague High School
Salem, Oregon**

Organization: _____

Representative: _____

Mailing Address: _____

City/State/Zip: _____

Business Phone: _____ Cell Phone: _____

Email: _____

Circle One: For Profit Organization Non-Profit Organization

Number of Tables Requested: _____

(For Profit costs: \$125.00 for first table, \$75.00 for all additional tables)

(Non-Profit costs: \$50.00 for first table, \$25.00 for all additional tables)

Total amount due to OCSS:

_____ Will set up Friday night, September 26, from 6-8pm

_____ Will set up Saturday morning, September 27, from 6:30-7:30am

Please make all reservations and payments by Friday, August 29, 2008.

Send all payments to:

OCSS
PO Box 2131
Salem, OR 97308-2131

Contact David Nieslanik with any questions. nies.teach@verizon.net or 503-521-9179