

STATE DISPLAY EVENT APPLICATION FORM

TEAM OR INDIVIDUAL

NO PRESENTATION

Must be POSTMARKED by DEADLINE

PLEASE CHECK:

Late applications will be rejected – NO EXCEPTION

Junior ()
Senior ()
Occupational ()

STUDENT PARTICIPANT(S) _____

NAME OF CHAPTER _____

SCHOOL _____

SCHOOL ADDRESS _____

Street

City

Zip

Phone #

Fax #

E-mail

LOCAL ADVISOR _____

ADVISOR HOME PHONE _____ Fax _____ E-mail _____

LOCAL ADVISOR _____

ADVISOR HOME PHONE _____ Fax _____ E-mail _____

Return to: State Advisor Fee enclosed: # participant(s) ___ x \$ 6.00 = \$ _____

Request for: ___ Table ___ Outlet