

**2011 WISDOM, WEALTH, AND WELLNESS CONFERENCE**  
**Reginald F. Lewis Museum – Baltimore, MD**  
**Saturday, September 17, 2011**

**INFORMATION**

**(PLEASE PRINT)**

Name of Business/Organization \_\_\_\_\_

Name of Additional Staff \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_

Fax ( \_\_\_\_\_ ) \_\_\_\_\_ Web Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Type of Product or Service \_\_\_\_\_

**FEES**

Number of Tables \_\_\_\_\_ X \$200.00 per table total \$ \_\_\_\_\_

Corporate Tables \_\_\_\_\_ X \$1,000.00 per table total \$ \_\_\_\_\_

**(Due by August 20, 2011). Two representatives per table.**

**Vendor space is limited and reserved on a first-come, first-served basis.  
Set up begins at 7:30 a.m. and breakdown ends at 4:00 p.m.**

**PAYMENT INFORMATION**

**Make checks payable to:** Slade&Associates, LLC (mail checks to the address above)

**Pay online:** wisdomwealthwellness2.eventbrite.com

**Register by phone:** 301.922.5421

**501(C)3 Organizations:** Call 301.922.5421 for more information

CREDIT CARD INFORMATION  Visa  MasterCard

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Authorized by (print name as it appears on card) \_\_\_\_\_

Signature \_\_\_\_\_

I authorize the amount stated above to be charged to the credit card provided.

A non-refundable \$200 fee must accompany this signed form. Subject to approval by Slade&Associates, LLC.

