

Procurement Conference & Business Expo for Small and Minority-Owned Businesses

Tuesday, June 3, 2008

Participant and Exhibitor Registration (please print clearly)

Name: _____
Title: _____
Company: _____
Street Address: _____
City, State, Zip: _____
Telephone: _____
Fax: _____
Email: _____

My organization would like to participate in the event at the following level:

- Individual Attendance:**
Number of Tickets: x \$50 per ticket = \$
- Individual Attendance: I am a member of (please specify):**
 MDHCC HCCMC BHCC PGHCC MD/DC MSDC
Number of Tickets: x \$30 per ticket = \$
- Membership name or number:
- Exhibition table/passes for four (4) attendees (\$500)**
- Exhibition table/passes for four (4): *Government or Small Business only* (\$200)**

Payment Method:

- Check** Make check payable to: *Hispanic Business Foundation, Inc. (501c3)*
- Credit Card**
- Card Number: _____
- Expiration (mm/yy): _____
- Name on card: _____
- Billing address: _____

Return this form with your list of attendees by fax to (301) 654-4004 or by mail with check to: Hispanic Business Foundation/MLPC, P.O. Box 5762, Bethesda, MD 20824.

Thank you for your support!

Questions? Contact us: order@hccmc.org; (301) 654-4000, ext. 218