



ALLIED HEALTH CAREER DAY

Sponsored by the College of the Sequoias Tech Prep Health Care Alliance

Exhibitor Registration Form

FAX: 730-3965

Organization: _____

Address: _____

City, State, Zip: _____ **Phone:** _____

Contact Name: _____ **Title:** _____

Fax: _____

E-Mail: _____

Please indicate necessary number of:

TABLES: _____ **CHAIRS:** _____ **OUTLETS:** _____

All exhibitors must provide their own extension cords. THANK YOU!!!

Please respond by April 14, 2006

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