



ASSOCIATION OF BLACK SOCIAL WORKERS  
 40<sup>th</sup> ANNIVERSARY CONFERENCE  
 “40 YEARS: STILL FIGHTING FOR JUSTICE!”

**TRADESHOW REGISTRATION FORM**

To register, please send this form to:  
 ABSW office at [nsabswoffice@gmail.com](mailto:nsabswoffice@gmail.com) or  
 Fax: (902) 434-6544

**Tradeshow Dates:** \*September 26<sup>th</sup>- 27<sup>th</sup>, 2019  
**Conference Dates:** September 25<sup>th</sup>- 27<sup>th</sup>, 2019  
**Conference Location:** Atlantica Hotel Halifax,  
 1980 Robie Street Halifax, Nova Scotia B3H 3G5

**\*Please note:** Set up for the Tradeshow will take place on Wednesday, September 25<sup>th</sup>, 2019 from 6pm-9pm.

Today's Date:		<b>*NOTE:</b> (a) The firm date to submit tradeshow registration form is <b>August 31<sup>st</sup>, 2019</b>					
<b>TRADESHOW VENDOR CONTACT INFORMATION</b> (Please be sure to <i>clearly and legibly</i> indicate your <i>best</i> sources of contact information)							
First Name:		Last name:		Business/ Organization:		Name of supporting volunteer(s):	
Mailing Information: (Please indicate in the space provided below):							
Address:		City: Province:		Postal Code:		Email:	
Home phone: (    )		Work phone: (    )		Cell phone: (    )		Fax phone: (    )	
<b>TRADESHOW ATTENDANCE FEE</b>				<b>FEES FOR MEALS</b>			
TRADESHOW PAYMENT OPTIONS		I will attend tradeshow only		I will have meals included during Sept 26 <sup>th</sup> -27 <sup>th</sup>		My supporting volunteers will have meals included during Sept 26 <sup>th</sup> -27 <sup>th</sup>	
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
TRADESHOW FEES:		<input type="checkbox"/> (\$150) Primary Vender (includes meals) (Excludes Friday Dinner)		<input type="checkbox"/> (\$50 x _____ (# of vender volunteers) (Excludes Friday dinner)			
METHODS OF PAYMENT & PAYMENT LOCATION: (*Note: Please make cheque or money order payable to the Association of Black Social Workers or e-transfer to <a href="mailto:nsabswoffice@gmail.com">nsabswoffice@gmail.com</a> , password {absw2019})		My cheque is enclosed		My money order is enclosed		<b>FOR OFFICE USE ONLY:</b> Paid on site:	
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>PLEASE PROVIDE A BRIEF DISCRPTION OF YOUR PRODUCTS</b>							
Please <b>clearly</b> indicate any food allergies or dietary requirements in the space provided below:							

**FOR OFFICE USE ONLY:** 1. Rec'd \$:  Y  N 2. Date \$ rec'd \_\_\_  
 Audio  Projector  Screen.  3. Exact amt rec'd \_\_\_ 4. Method of pay't \_\_\_  
 Wifi  Power  \_\_\_\_\_