

## Vendor Table Registration

Name			Pho	ne #		
Home Mailing	g Address					
Company	Daytime Phone #					
Email Addres	S					
please make	your selection	by indicating	g 1 <sup>st</sup> , 2 <sup>nd</sup> or 3	<sup>rd</sup> choice. All attem	ess Council meetings, apts will be made to give <sup>1</sup> & 3 <sup>rd</sup> dates is very helpf	ul.
Se <sub>I</sub>	ot 10	Nov 12		Dec 10	Jan 14	
	Feb 1	11	Apr 8	May 13 _		

**Please return this form to Dianne Krumnow, Co-Chairperson,** at a WBC meeting or by e-mailing her at LWellResources@gmail.com. Note: If Dianne is unavailable at a meeting, you may also give this form to Brenda Thompson, Program Chairperson.

**You will then be notified** by Dianne of your scheduled display date. If you have any questions, please call Dianne at 740.360.0290.

\*The above information is requested for Women's Business Council contact information only.

The Marion Women's Business Council inspires women to reach their full potential through mentoring, networking, education, and recognition.