



**Vermont Foster/Adoptive Family Association
25th Annual Spring Conference
March 23 – 25, 2012
Sheraton Hotel & Conference Center
Burlington, VT**

Invitation to Exhibit

To: Interested Parties
From: VFafa Conference Planning Committee
Date: January 09, 2012

The Vermont Foster/Adoptive Family Association (VFafa) is pleased to host the 25th Annual Spring Conference. The theme will be “25 Years Nurturing Children and Families.” currently planning for its 25th Annual Conference entitled “**25 Years – Nurturing Children and Families.**” This special event will include approximately 500 resource families; foster, adoptive and kinship families, respite providers, mentors, child care providers, human service workers and educational staff.

The Conference Planning Committee is seeking exhibitors for our Resource Fair. It is an excellent opportunity to showcase your organization, agency or products to a large variety of people.

Please use the attached Exhibitor Form to request exhibitor space. Please send forms with fees to Jane Siddall – 49 Fairground Rd., Springfield, VT. 05156-2112. If you have any questions regarding exhibitor space, **please call Jane Siddall at (802) 885-9850.**

Please note:

All Exhibitor Table Space is based solely on applications. If you are interested in applying for table space, please be sure to fill out the attached application form, and send with Check made out to VFafa to secure a space. **Space is available on a first come, first serve basis.** Application forms and payment must be received by February 24th, 2012 to secure space. Your table(s) can be set up by 10:30 AM on March 23rd and remain in place until 4:00 PM on March 24, 2012.

**Please make checks payable to “VFafa” and reference “VFafa Spring Conf. 2012” on your check.
Mail to:**

**Jane Siddall
49 Fairgrounds Rd.
Springfield, VT 05156-2112**



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Exhibitor Application Form

Organization name: _____

Contact Person: _____

Mailing Address _____

City/State/Zip _____

Phone _____ E-mail _____

We are a: [] Non-Profit organization or State Agency
[] For Profit organization / Company

Describe your organization's purpose and/or services provided.

EXHIBITOR FEES:

[] Number of Tables requested

Exhibitor fee for **non-profit** organization or agency for March 23rd – 24th is
(\$45.00 per table) \$ _____

Exhibitor fee for **for-profit** organization for March 23rd – 24th is
(\$60.00 per table) \$ _____

If there are additional needs of electrical outlets or phone line (for modem), please let me know.
There is an additional charge by the hotel.

Checks payable to: VFafa

Mail completed forms and payment to:

**Jane Siddall
49 Fairgrounds Rd
Springfield, VT. 05156-2112**

Please reference "VFafa Spring Conference 2012" on check.