



## BPRO Vendor Contract

Event: \_\_\_\_\_ BPRO/POSSESS/VASWP Conference

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact: \_\_\_\_\_

Contacts email: \_\_\_\_\_

Type of Exhibit: \_\_\_\_\_

Set Up Needed: \_\_\_\_\_

Facility typically provides 6' skirted table. Please contact BPRO in advance if other set up  
Is needed (including electrical hook up). Set up will be allowed \_\_\_\_\_ (date and time)

Fee: \$250 for 1<sup>st</sup> table; \$75.00 for 2<sup>nd</sup> table

Sponsor Fee: \$1500 Keynote/Break Sponsor (includes 1 vendor table)

*Please make checks payable to BPRO and return with this form no later than \_\_\_\_\_ to:*

\_\_\_\_\_, Awards & Fundraising Chair

C/O \_\_\_\_\_ Dept. of Social Services

\_\_\_\_\_ (address)

\_\_\_\_\_, VA \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_@dss.virginia.gov

Amount enclosed: \_\_\_\_\_

For: \_\_\_\_\_

Please list all representative names for name badge purposes (limit 2):

\_\_\_\_\_

Vendor Signature \_\_\_\_\_