

**Cincinnati Children's respectfully requests that you join us for the
Community Resource Information Fair.
The fair will be located at Cincinnati Children's Hospital Sabin's Auditorium.
Our event will be on March 25, 2010 from 10:00am until 3:00pm.**

Please check all boxes which apply:

- My company will be attending March 25, 2010 and I would like to reserve a table for \$50.
- My Company is unable to attend March 25, 2010 but would like to attend the next event on September 15, 2010. Please reserve my table for \$50 in advance.
- My company will be attending both events and enclosed is payment of \$100 for both dates.
- My company will be unable to attend either event this year.
- Please include my company as an exclusive vendor with perks for an additional \$200 per event.

Please let us know the following information:

Company Name _____
 Contact _____ Title _____
 Address _____
 City _____ State _____ Zip _____
 Telephone Number _____ Fax Number _____
 Email Address _____

Please print your company name as you would like it listed in printed materials.

List any special accommodations for your agency's participation below. (electrical outlet, ect)

Signature Date

Amount enclosed \$ _____

Payment Method:

Check# _____ (made payable to **Cincinnati Children's Hospital**).

Credit Card (Type and #) _____ Exp. Date ____/____

Please RSVP by March 1, 2010

Fax this letter of intent to 513-636-5859 or mail it to:

Cincinnati Children's Hospital Medical Center

Special Needs, MLC 15005

Attn: Community Resource Information Fair

3333 Burnet Avenue

Cincinnati, OH 45229

Please reserve my Lunch for the event

- One lunch
- Two lunches (2 staff per table)
- I will be getting my own lunch

Lunch will be box deli sandwiches

- I prefer vegetarian
- I prefer Ham
- I prefer Turkey/Chicken