



REGISTRATION FORM

Participating Institution: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Please check one: First Year Participant Repeat Participant

REPRESENTATIVE(S) ATTENDING

Name:	Name:
Phone: ()	Phone: ()
Cell: ()	Cell: ()
Fax: ()	Fax: ()
E-mail:	E-mail:
Department:	Department:

EXHIBITOR PACKAGE & PAYMENT OPTIONS

- (1) Identification Sign • (1) 8ft Draped Table • (2) Folding Chairs

TOTAL NO. TABLE(S) _____ x \$175 = \$ _____

I have enclosed a Check Money Order in the amount of \$ _____

Please make checks or money orders payable to The Mall at Prince Georges
 All registration fees must be paid in full at the time of the College Showcase.
 Registrations received after September 5, 2008 will incur a \$100 late fee
CANCELLATION POLICY: All monies are non-refundable

All exhibitors will be required to sign a license agreement and provide indemnity insurance prior to final confirmation.
Please include Licensee Name _____ and Non-Profit ID # _____

Please Return Completed Registration Form Via Mail or Fax to:

The Mall at Prince Georges • College Showcase
 3500 East West Highway • Hyattsville, MD 20782 • FAX: 301-559-9424

For more information, contact Victoria Clark • clarkv@preit.com • 301-559-8845
 or visit the Web site: www.mallatprincegeorges.com or www.PrinceGeorgesClassic.com