

Central Atlantic Conference
Annual Meeting Display Request

Organization Name:

Contact Person:

Address:

Telephone Number _____

Fax Number _____

Email Address _____

Number of Tables _____

Special Needs (i.e.
electricity) _____

Housing Information needed _____

Cost for table is **\$45.00**. Please make check payable to Central Atlantic Conference, UCC and mail to the Conference, attention: Arnetta Jones, 916 S. Rolling Rd. Baltimore, MD 21228