



VENDOR REGISTRATION FORM

Please complete the form below and send via email to: **BCPS_Equity@browardschools.com**

Vendors should register for the Conference through the 2019 conference online registration at <https://bit.ly/2GjJxDL>, Password: **BCPS Equity**.

Organization: _____

Contact Name: _____

Phone: _____

Address: _____

City: _____

State: _____

Zip code: _____

Email address: _____

Website: _____

*Do you need electrical access for your table? ____ Yes ____ No

**Some vendor tables will include electrical outlet access, Requests for electrical outlet access should be made, but we cannot guarantee access.*

Name of attendees at your vendor table: _____

Product Information: (Please provide a brief description about your product.)
