



# 2016 Division of Supplier Diversity B2B Showcase



## Exhibitor Registration Form

Thank you for your participation in the Division of Supplier Diversity's B2B Showcase. Please fill out this form, as it will assist in the organization of the B2B Showcase.

**Company Name**

**First Name**

**Last Name**

**Work Address 1**

**Work Address 2**

**City**

**State**

**Zip Code**

**Phone Number**

**E-mail Address**

**Additional Exhibitors First Name**

**Additional Exhibitors Last Name**

Please e-mail the completed form to [EventRSVP@idoa.IN.gov](mailto:EventRSVP@idoa.IN.gov).

A confirmation e-mail will be sent to the indicated contact person listed above.

If you have additional questions, please contact Michael Babcock at (317) 234-5360.

### **Important Event Information**

- No fee for booth space
- The Division will provide one table and 2 chairs
- Your company will need to provide display materials for your booth