



**Deaf WestVal**  
**Running Right Conference Center**  
**Friday, September 21, 2018**  
**9:00 am - 5:00 pm**

**Exhibit Form**

8:00 – 9:00 am ..... Exhibit Assembly

5:00 pm ..... Exhibit Disassembly

Organization/Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

How many tables are needed? \_\_\_\_\_

Please list the names of those attending the table(s).

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Please return this form by September 10, 2018 to:

WVCDHH, 405 Capitol Street, Suite 800, Charleston, WV 25301

Or [Sarah.B.Lowther@wv.gov](mailto:Sarah.B.Lowther@wv.gov).

Questions? Call Sarah Lowther at 304-558-1675.