



Texas Association for Family Child Care

www.tafcc.org

Exhibit Registration Form

PLEASE PRINT CLEARLY

Business Name: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Cell Phone: _____

Email Address: _____

Description of product to display: _____

Will you provide information for resource bags to be given to the attendees? Yes No

Number of exhibit tables needed _____ X \$25.00 = _____

Reservations are non refundable and receipts will be mailed upon receipt of funds.

Make check or money order payable to TAFCC

Mail this completed application and payment to:

TAFCC

Pam Cannataro

104 Wild Rose Court

Weatherford, TX 76087

Return check fee of \$25.00 applicable

Contact with any questions:

Vice President

Dorothy McClure

972-424-6232

dotsdaze@verizon.net

OFFICE ONLY:

Date Received: ____/____/____ Check #: _____ Amount: \$_____ Treasurer Initial: _____