



## Washington Association for the Education of Young Children

841 N Central Avenue, Suite 206, Kent, WA 98032

Phone: (253) 854-2565 Fax: (253) 813-3646 Email: [waeyc@waeyc.org](mailto:waeyc@waeyc.org)

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### Resource Fair Application

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WAEYC's 2<sup>nd</sup> Annual Conference, for Spanish Speaking Professionals will be June 25, 2011 in Mount Vernon. We welcome you to this opportunity to share the resources, information and career development opportunities your organization provides.

We offer low-cost exhibit space to a limited number of resource organizations. Displays will be open **Saturday, June 25 from 8:00-4:00 pm**. Staffed displays are preferred. While we do not require that you have staffing during the entire event, we do require that you do have some representation and posted hours for when that representative will be available. Depending on needs and availability, accepted organizations will be assigned either a full or a shared table.

Applicants must meet the following criteria and agree to the following guidelines:

- ✓ **Be a non-profit organization or a public entity** with a purpose consistent with that of WAEYC and of our Conference. *Permission to display does not imply an endorsement by WAEYC.*
- ✓ Include a \$25 non-refundable payment.
- ✓ Resources should be available in both English and Spanish.
- ✓ No sales are allowed at the Resource Fair. If you have products you wish to sell, you are welcome to work with WAEYC for a fee. Contact us for a Vendor Application.
- ✓ Organizations assume full responsibility for pick up, delivery, supervision and security of displays.
- ✓ Materials must be removed by 4:30 p.m.
- ✓ If accepted and unable to participate, please notify WAEYC immediately.

Please submit applications by **June 10, 2011**; applications will be considered until space is full. We will notify you of your acceptance status by June 4th. If you have any questions, please feel free to contact Selena Allen at [selena@waeyc.org](mailto:selena@waeyc.org) or (253) 854-2565 x 18.

WAEYC promotes, supports, and respects diversity in every aspect of WAEYC's programs, efforts, and membership. One of our goals is to provide tips, tools, techniques, and resources to assist Spanish speaking early childhood professionals in acquiring and implementing ideas and activities that will enhance the valuable services they provide in their early learning settings. In order to reach this goal, WAEYC will offer a one-day conference for Spanish Speaking Professionals on June 25, 2011 in the city of Mount Vernon.

**Return with \$25 by June 10, 2011 to WAEYC • 841 N Central Ave #206 • Kent, WA 98032**  
**We will accept applications after that date and for as long as space is available**

We understand the criteria and guidelines. **If accepted**, we agree to:

- ✓ Conduct no sales in the display area,
- ✓ Have a representative available for at least part of the event,
- ✓ Assume full responsibility for pick up, delivery, supervision and protection of display, and
- ✓ Notify WAEYC if unable to provide a display for reserved display space.

Organization: \_\_\_\_\_ *As it will be published in conference materials*

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

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ x \_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

- ✓ **Attach documentation of your non-profit or public agency status.** *If you would like to participate and are not a formally organized non-profit, contact us and we will consider your request.*
- ✓ **Attach your organization's literature** (it must include your mission statement and a description of your materials or services).

### Liability

To the extent permitted by law, presence indicates that the participating individual or organization understands and agrees to protect, indemnify, defend and hold harmless both WAEYC and Skagit Valley College, and their respective employees and agents, against all claims, losses or damages to persons or property, governmental charges or fines, and costs (including reasonable attorney's fees), unless those claims arise out of the sole negligence or willful misconduct of WAEYC or Skagit Valley College.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment.** *If paying by check, make payable to WAEYC. If paying by credit card complete the following: (If any form of payment does not clear, a \$30 additional charge will apply.)*

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Company to which Card is Billed: \_\_\_\_\_

Address to which is Card is Billed: \_\_\_\_\_

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

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_ Code (on back): \_\_\_\_\_