**2018 Region I, Correctional Education Association Conference**

**Exhibitor Registration Form**

**Attending:** Adult & Juvenile Correction Educators and Administrators

**The CEA Region I** **Conference** brings adult and juvenile correctional educators together

from: Pennsylvania, Maine, New Hampshire, Connecticut, Rhode Island, Vermont, Massachusetts

New York, and New Jersey and Canadian Provinces and territories of New Brunswick, Newfoundland,

Nova Scotia, Ontario, Prince Edward Island and Quebec.

**Place: Lancaster Host Resort & Conference Center, 2300 Lincoln Highway East, Lancaster, PA**

**Date: Wednesday, May 30- June 1, 2018**

**Sessions Begin: Wednesday 1:30 PM-4:00 PM**

**Thursday 8:00 AM- 4:00 PM**

**Sessions Ends: Friday 8:00 AM-12:00 PM**

**Lancaster Host Resort & Conference Center Information:** Room Reservations: (717) 299 -5500 (CEA Rates Apply)

**Exhibit Space:** $450 Includes an 8x10 Space, 3x8 Table with cover, 2 chairs, wastebasket, trash removal,

Internet Wireless, 1 full lunch, continental breakfast, 2 refreshment breaks in vendor area and

presidential reception.

Contact Mark Vallozzi with any questions. Email or phone: 724-771-8165

Hotel reservations, extra meals or other accommodations will be your responsibility.

**ELECTRICITY**: 110 amps: $50.00

**HIGH SPEED INTERNET**: Wireless: Free

**For additional information:**  [**www.ceapa.net**](http://www.ceapa.net)

------------------------------------------------Detach and Mail-------------------------------------------------------------------

**REGISTRATION AND PAYMENT MUST BE RECEIVED BY MAY 11, 2018**

**1 Table:** $450.00 1 # $450.

**Additional Table:** $100.00 Each # \_\_\_\_\_\_ Includes breakfast, lunch, reception

**Electricity** $ 50.00

**Total Paid \_\_\_\_\_\_\_**

Make Checks Payable To: **CEA- PA, Inc.**

Return To: **Mark Vallozzi**

**CEA-PA, Inc.**

**542 Thomas Richard Lane**

**Greensburg, PA 15601**

**Note:** If you want to pay by credit card, please inform me and I will send you an email invoice to complete.

Name of Attendee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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