



**African American Family Conference™**

**2009 AAFC Vendor Table Order Form**

Company/Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Numbers: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Description of Product/Resources/Materials: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Event Date: Saturday, July 18, 2009 –Philadelphia Convention Center**  
**Set Up Time: 8:00am**

**Please check one:**

- Vendor Table (Corporate): \$300 \_\_\_\_\_
- Vendor Table (Non-Profit): \$175 \_\_\_\_\_
- Vendor Table (Individual): \$75 \_\_\_\_\_

Once payment is received, we will send a vending package to your immediate attention.

**Payment Options:**

**Check:**

Please send a check or money order payable to **"Pure Quality Enterprises, LLC"** to:  
**2009 African American Family Conference**  
c/o Pure Quality Enterprises, LLC  
P.O. Box 2773  
Philadelphia, PA 19120

**Fax:**

Complete the form, fill in your credit card information, print this page and send to us via facsimile (888) 371-0021.

Name on Card: \_\_\_\_\_ Type of Card (Visa, Master Card) \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_  
Security Number (back of card): \_\_\_\_\_

***We are grateful for your support and look forward to working with you in 2009!***