Adolescent Program Vendor Registration Form

September 2019

Montessori Schools of Massachusetts, a regional organization of 90 schools in the New England area, will be hosting its Annual Conference on Saturday, January 11, 2020 (snowdate: Sun., Jan. 12th) Dean College in Franklin, Massachusetts will be hosting the conference from 9am-3pm. We anticipate an attendance of 500 or more Montessori teachers and administrators representing many schools from the New England area.

We are inviting you to attend, as a vendor, to display and sell materials during the conference. We are asking for:

1. $50 fee per 8 foot table/ space
   (Dean College will provide the tables.)
2. A donation of an item the raffle.

If you are interested in participating, please print, complete and mail the attached form with the vendor fee no later than

**November 1, 2019** to:  
Susan Swift, MSM  
28 Baker Hill Road  
Florence, MA 01062

Please note that table locations will be assigned in advance according to the order in which we receive your registration. Please feel free to contact me if you have questions at 413-219-4856 or sbgswift@gmail.com.

Thank you for your support and participation.

Sincerely,

Susan Swift  
MSM Vendor Coordinator
MSM Annual Conference
Saturday, January 11, 2020
Dean College/ Campus Center
99 Main Street, Franklin, MA

ADOLESCENT PROGRAM VENDOR PARTICIPATION FORM

Name of School: ______________________________________________

School Website: ______________________________________________

Contact Person: ______________________________________________

Mailing Address: ______________________________________________

Phone: _______________________ Email: ________________________

_____ I will be attending the conference as a vendor.

Type/ Description of materials: Raffle Item you are donating:

___________________________________________________________

___________________________________________________________

Brief description of set-up plans: Approximate dollar value of
raffle item: $_______________

___________________________________________________________

Number of tables requested: ________ x $ 50 = $_________

(Please make checks payable to Montessori Schools of Massachusetts)

OFFICE USE ONLY: check number: _______________ amount: __________ received: __________