

ICHA 2010 SWITA Exhibitor Registration
Thursday September 2nd, 2010 Idaho Center Sports Arena Concessions Area
5:00 PM to 8:00 PM

Exhibitor Name: _____

Chef: _____

Address: _____

City: _____ Zip: _____

Exhibitor Phone: _____ Website: _____

Exhibitor Email: _____



Representatives

*Registered Exhibitors are allowed THREE representatives.

1) _____

2) _____

3) _____



Contact Person

Name: _____ Phone: _____

Email: _____

Label/logo

*Exhibitors will be identified in the event program by their label/logo. Please indicate below how you will provide your label/logo.

____ Will email Sue Marostica sueicha@idahocha.com my label/logo in jpg 300 dpi.

Please email/fax/mail completed registration form to Sue Marostica by March 1st

Idaho Cutting Horse Association
PO Box 70
Kuna, ID 83634
FAX 208-468-0411
Cell 208-890-9774