



SAFE SLEEP SUMMIT

Exhibitor Interest Form

Please complete this form and email it to kphillips@safekids.org

Yes! Our organization is interested in being an exhibitor at the Safe Sleep Summit. We acknowledge that this application is only a request and is not confirmed until we receive written notification from Safe Kids Worldwide and review and sign the Exhibitor Agreement.

Safe Kids Worldwide reserves the right to reject Exhibitor applications with or without cause if in the best interest of the Summit and its participants.

INTERESTED EXHIBITOR INFORMATION

Name of Organization/Company _____

Address _____

City _____ State _____ Zipcode _____

Contact Name _____

Title _____

Email _____ Phone _____ Company website _____

Is your organization a nonprofit organization or a for-profit organization? (Please choose one.)

If a nonprofit, please include your Tax ID Number: _____

NEW EXHIBITOR QUESTIONNAIRE

How long has your company been in business? _____

What is your purpose for exhibiting at the Safe Sleep Summit? _____

What products or services will you be showcasing? _____

EXHIBIT PRICING (Please choose one.)

Nonprofit

For-profit

\$250

\$500

(Optional) I would like to include an additional donation of \$_____

If your exhibit application is accepted, you will receive a confirmation letter followed by an Exhibitor Agreement with additional information and exhibitor guidelines.

For more information, contact Krystal Phillips at kphillips@safekids.org or 202.662.4467

