

ANNUAL LAW SCHOOL FAIR

MONDAY, SEPTEMBER 22

10:00 - 1:30

UNIVERSITY AT ALBANY

VENDOR RESPONSE FORM

Name of Company _____

_____ Will Attend

_____ Unable to Attend

If you are participating, please complete the following information:

NAME OF REPRESENTATIVE(S) ATTENDING: _____

TELEPHONE NUMBER: () _____

FEE: _____ \$200.00 Fee is enclosed
 _____ To be sent under separate cover prior to Fair

CHECKS SHOULD BE MADE PAYABLE TO: UNIVERSITY AT ALBANY, SUNY

**MAIL CHECK TO: LINDA SCOVILLE
 ADVISEMENT SERVICES, LI-36
 UNIVERSITY AT ALBANY
 ALBANY, NY 12222**

****NOTE** IT IS IMPORTANT TO RETURN THIS FORM EVEN IF YOU CALL IN YOUR RESPONSE—
FAX (518) 442-3966**