

REGISTRATION CULTURAL ARTS SHOW
IAHCE ANNUAL CONFERENCE

County _____ Category _____

Exhibitor Name _____

Address _____ City _____ Zip _____

Phone __ (____) _____ e-Mail _____

Description of Article _____

Please return by **FEBRUARY 15TH**, to Cultural Enrichment Director whose name and address are listed on Page 1 of this Guidebook. Include a **SELF-ADDRESSED, STAMPED ENVELOPE**, to have your tags returned to you.

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