

State Affiliate of NAA
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South Dakota
School-Age Care Alliance
SoDakSACA

MISSION: TO PROMOTE QUALITY OUT-OF-SCHOOL-TIME PROGRAMS FOR
CHILDREN AND YOUTH THROUGH PROFESSIONAL DEVELOPMENT AND PUBLIC ADVOCACY

August 6, 2011

TO: Potential Conference Exhibitors
FROM: Ryan Zens, Conference Chair
RE: 12th Annual SoDakSACA State Conference
“Creating an OST Paradise!”

Exhibitors Invited

The 12th annual South Dakota School-Age Care Alliance (SoDakSACA) conference will be held October 7-8, 2011 at the Mitchell Highland Conference Center, Mitchell, South Dakota. **We invite you to participate in this exciting event!** The conference is aimed at school-age care (K-8th) program directors and staff, childcare providers, teachers, youth development workers, extension educators, etc. We anticipate 150 participants at this event.

We are planning a “Vendor luau” event to increase traffic to your booths, promote excitement & appreciation and recognition for your donated door prizes and coupons. Friendly competition and teamwork will be sure to spread the news of your booth throughout the conference.

We would like to have exhibit booths open – for a minimum time frame of – 12:00 pm to 6:00 pm on Friday; and 7:30 am to 3:00 pm on Saturday. You may choose to be open for longer periods of time.

If you are interested in being an exhibitor, or if you wish to be part of this event by donating door prizes, **please complete the Exhibitor Registration Form enclosed**, and return it to the address listed below **by August 25, 2011**. A confirmation letter and further information on logistics will then be sent to you. If you have any questions, please contact Ryan Zens at 1-605-341-0078 or 1-605-430-2671. Thank you!

SoDakSACA
% Ryan Zens
3660 Sturgis RD St# 4
Rapid City, SD 57702

[SoDakSACA Conference Exhibitor Registration Form](#)

YES! I would like to be an exhibitor at the 12th annual SoDakSACA Conference on October 7-8, 2011 at the Mitchell Highland Conference Center, Mitchell, SD. (Please complete the following)

For Profit Vendors: I would like to reserve ____ table(s) at a cost of \$25 per table, as I plan to sell school-age care related resources and products at this event.*

Non-Profit Vendors: I would like to reserve ____ table(s) at a cost of \$10 each (or a door prize valued at \$25, in lieu of table cost); as I will provide information only, and am a non-profit agency.*

I am also willing to provide ____ school-age care resource(s) or other, as door prizes for your event; and will mail them to the address listed below **no later than 9/01/11**. **Please indicate the door prize you will send:**

***Please remit payment with Exhibitor Registration Form;
make check payable to: SoDakSACA**

NO. I am unable to be an exhibitor at your conference this year. However, please keep me on your mailing list for future conferences.

I am willing to provide ____ school-age resource(s) as door prizes for your event; and will mail them to the address listed below **no later than 9/1/11**. **Please indicate the door prize you will send:**

Name: _____ Date _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Telephone: _____ Fax: _____ E-mail: _____

[Send Exhibitor Form, Payment and Door Prize to:](#)

**SoDakSACA
% Ryan Zens
3660 Sturgis RD Ste #4
Rapid City, SD 57702**