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**AWI Minnesota Chapter 2011 Tabletop Event  
 Supplier Member Registration Form**

The Annual AWI Minnesota Chapter Tabletop Event will take place in the woodshop at Hennepin Technical College, Brooklyn Park Campus, on Tuesday, April 5th. If you have any questions about the facility itself, please contact instructor Keith Hanstad by phone or email: [Keith.Hanstad@htc.mnscu.edu](mailto:Keith.Hanstad@htc.mnscu.edu) or 612-296-6829. For all questions regarding registration, please contact Scott Wothe: [swothe@mac.com](mailto:swothe@mac.com) or 612-210-7939.

**Schedule of Events – April 5<sup>th</sup>, 2011:**

10:30 am --- 11:30 am Arrive and Set up Displays  
 11:30 am --- 3:30 pm Display Time and Lunch Buffet (starting at Noon)  
 3:30 pm --- 4:00 pm Tear Down Displays

**Cost:**

**AWI Minnesota Chapter Supplier Members** \$100 per table  
**Prospective Supplier Members** \$325 for the first table (includes Membership Dues for 2011) and \$100 per table for any additional tables.

*Anyone who signs up but doesn't show up will be charged \$100 per table.*

**Directions to the HTC Brooklyn Park Campus:**

9000 Brooklyn Blvd, Brooklyn Park, MN

From the intersection of 694 and 169, go north on 169 to Brooklyn Blvd. Turn right (east) and go one block to the main entrance. The cabinetmaking program is located in the "E" section of the building, just to the west as you come into the main entrance. To unload items, pull into the staff parking lot just past the main entrance of the school and back up to the garage door next to the dust collection tower. Parking will be in the student lots on the perimeter of the building.

**Please register for this event by emailing this signup sheet to Scott Wothe by Wednesday, March 16<sup>th</sup>. Your promptness is appreciated. Please scan and send to [swothe@mac.com](mailto:swothe@mac.com) or alternatively fax to 612-721-1181. For questions, call Scott at 612-210-7939. Payment by check can be mailed to the PO Box.**

Company Name: \_\_\_\_\_

Number of Tables: \_\_\_\_\_

Any Special Requirements: \_\_\_\_\_

Attendee Names: \_\_\_\_\_