



Code Officials Conference of Michigan Vendor Registration Form

Company: _____

Address: _____

Phone: _____ Email: _____

Product or Service: _____

Representatives Attending: _____

Dates Attending: _____

Vendor will be responsible for any costs associated with the rental of the table from the venue. Additionally, in lieu of a fee to the vendor by the COCM, the Board requests a donation to the COCM scholarship fund in the form of a cash donation or a prize that can be used at the COCM silent auction at the Annual Fall Conference, or both. All funds received at the Silent Auction support the COCM Scholarship fund.

A skirted table will be provided for each vendor and will be available on a first come basis. We encourage you to offer door prizes to draw attendance to your booth. We look forward to seeing you there. Thank you for your support!

Please contact COCM for further information or
to submit your application.

COCM
P.O. Box 6433
Plymouth, MI 48170
517-816-8268

cocm1@yahoo.com

www.cocm.org