



**Small Business Supplier Fair**  
May 13, 2010 10am – 4pm

**Vendor Registration**

Please print clearly or type for accuracy.

Contact Person: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Vendor Fee** (includes 2 attendees/table & 2 chairs) \_\_\_\_\_ \$125

**TOTAL** ----- \$ \_\_\_\_\_

**Make checks payable to Cree, Inc.**

**Name(s) to be printed on badge(s):**

\_\_\_\_\_  
\_\_\_\_\_

**Mail to:** Cree, Inc.  
Attn: Debra Giles, Small Business Supplier Fair  
4600 Silicon Drive  
Durham, NC 27703

**Fax to:** 919-313-5696

For Questions or Information, Please contact Debra Giles @ 919-287-7727/ [debra\\_giles@cree.com](mailto:debra_giles@cree.com)

INTERNAL USE ONLY:

DATE RECEIVED

AMOUNT RECEIVED

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