



Tabling Form

Check to indicate which size table you will need.

Full Table - \$50

Half Table - \$25

Organization or Candidate _____

Contact name _____

Phone _____

Address _____

E-mail _____

I, or a representative from my organization, agree to pay the fee required for my table (*checks payable to **Johnson County Democrats***) the morning of the convention.

Signature _____ Date _____

All forms will be due by March 17.

*Fees can be paid by cash or check written to "**Johnson County Democrats**" at the **Arrangements Table** the day of the Convention.*

Please send all table reservation forms or any questions to:

Leah Jesse, Arrangements Chair, leahhoogjesse@gmail.com