



**2025 ONE GOAL: BUILDING THE FUTURE TOGETHER
"PUTTING FAMILIES AND CHILDREN FIRST"**



Hilton Tampa Downtown
211 North Tampa Street
Tampa, Florida

July 16-18, 2025

EXHIBITOR APPLICATION FORM

Company Name: _____

**Name of Representatives(s)
Attending the Conference:** _____

Contact Person: _____

Address: _____

Telephone Number: _____

Email Address: _____

Type of Exhibit (Be specific): _____
(Please send catalog) _____

Is a regular 110 outlet necessary? _____ **yes** _____ **no** (Bring your own extension cord)

Exhibit Fee: \$500.00

Check Payable To: Creative Center for Childhood Research & Training or CCCRT

Credit Card (processed through Creative Center for Childhood Research & Training):

Name on Credit Card _____ CID Code _____

Account Number _____ Expiration Date _____

Billing Address if different from above address _____

Signature (Required) _____ Date _____

EXHIBITOR APPLICATIONS MUST BE RECEIVED BY MAY 1, 2025

Mail to: One Goal Summer Conference
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Email: frankieallen_2000@yahoo.com