



Cambio de Colores Exhibitor Application Form

Reynolds Alumni Center, University of Missouri-Columbia March 30 - April 1, 2005

Please submit this form, along with payment for approval to exhibit at the conference. All exhibitors must be registered by using the following form. Please be aware that filling out this form does not guarantee approval of your display. As space at the conference is limited, you will be notified by confirmation letter if your tabletop exhibit has been approved for display.

Name of Exhibitor _____
Organization _____
Mailing Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Fax: _____ Email: _____
Additional Representative _____

Registration Fees:

Government institutions and other private and public corporations \$200.00 per booth \$ _____
Grassroots and organizations depending on charity or volunteer work \$100.00 per booth \$ _____
Total Exhibitor Fee \$ _____

Electricity Needed? Yes No

Please list any specific needs, you will be notified if they can be accommodated: _____

Each Exhibit Space is 8' x 10': We will furnish 1 table (6') and 2 chairs per exhibit.

Exhibition area is UNSECURED! Security of your materials is your responsibility!

Exhibits Set-up: Wednesday, March 30 from 10:00 am – 12:00 pm

Exhibit Removal: Thursday, March 31 by 5:55 pm

To register as an exhibitor, mail or fax this form by February 28, 2005 to:

Cambio de Colores
MU Conference Office
University of Missouri – Columbia
348 Hearnes Center
Columbia, MO 65211
Or fax (573) 882-1953

If you have any disability that requires special materials or services, please contact: Cindy Hazelrigg at (573) 882-2301.

Method of Payment:

Payment Enclosed (Check payable to University of Missouri)

Bill my Organization (Purchase Order **must** be attached)

ISE (for University of Missouri Personnel only)

Department to be charged: _____

Department Address: _____

MO Code: _____ Account#: _____

Credit Card: Mastercard Visa Discover

Card Number _____ Exp. Date _____

Card Holder (print) _____

Authorized Signature _____

Address if different than registrant _____

For Office Use Only

Ceis#44854

Customer ID# _____ Receipt# _____