



Exhibitor Application Form

Stoney Creek Inn, Columbia, MO
June 13-15, 2012

Please submit this form, along with payment to exhibit at the conference. All exhibitors must be registered. 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 table exhibit has been approved for display.

Each exhibit registration includes one conference registration (for the exhibitor to attend sessions) and AM/PM breaks. Meals are an additional fee of \$50 per person. This fee includes dinner on Wednesday, June 13; continental breakfast and lunch on Thursday, June 14 and continental breakfast on Friday, June 15.

Name of Onsite Representative attending Conference _____

Organization _____ Payment Contact Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Payment Contact Email _____

Additional Representative(s) Names _____

Onsite Representative Email _____

Registration Fees:

Government institutions and other private and public corporations	\$300.00 per space	\$ _____
Grassroots and organizations depending on charity or volunteer work	\$150.00 per space	\$ _____
Exhibitor Meals	\$50.00 per person	\$ _____

Equipment:

Please list any specific equipment required for your display. You will be notified if your request can be accommodated: _____

Exhibits:

Each Exhibit Space includes 1 table (6'). Exhibition area is UNSECURED and the Conference does not take responsibility for your exhibit.

Exhibits Set-up: Wednesday, June 13 from 8:00 – 11:00 am
Exhibit Removal: Friday, June 15 by 12:00 pm

To register as an exhibitor, mail or fax this form by May 29, 2012 to:

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

If you have any disability that requires special materials or services, please contact:
Erica Lovercamp at (573) 882-9552

Method of Payment:

Payment Enclosed (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 _____ CVC# _____

Card Holder (print) _____

Authorized Signature _____

Address if Different than Registrant (above) _____

For Office Use Only	Ceis #119235
Customer ID# _____	Receipt# _____