



# Exhibitor Application Form

University of Missouri-St. Louis,  
St. Louis, MO  
June 12-14, 2013

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 12; continental breakfast and lunch on Thursday, June 13 and continental breakfast on Friday, June 14.

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 12 starting at 10:00 am  
**Exhibit Removal:** Friday, June 14 by 12:00 pm

**To register as an exhibitor, mail or fax this form by May 28, 2013 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 AMEX  
Card Number \_\_\_\_\_  
Exp. Date \_\_\_\_\_ CVC# \_\_\_\_\_  
Card Holder (print) \_\_\_\_\_  
Authorized Signature \_\_\_\_\_  
Address if Different than Registrant (above) \_\_\_\_\_  
\_\_\_\_\_

For Office Use Only Ceis #121326
Customer ID# _____ Receipt# _____