



Exhibitor Application Form

University of Missouri
Kansas City, MO
June 10-12, 2015

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 10; continental breakfast and lunch on Thursday, June 11 and continental breakfast on Friday, June 12.

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 _____

For Office Use Only	Ceis #124828	Customer ID# _____	Receipt# _____
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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 10 starting at 10:00 am
Exhibit Removal: Friday, June 12 by 12:00 pm

Methods of Payment:

Check enclosed (*payable to the University of Missouri*)
 Purchase Order (*authorized PO must be attached*) PO # _____
 ISE (*For University of Missouri employees only*) Dept. Name _____
MO Code _____ Account Value _____
 Credit Card: MasterCard Visa Discover American Express Exp. Date _____ / _____
Credit Card # _____
Card Holder Name (please print) _____
Authorized Signature _____
Address if Different than Above _____

To register as an exhibitor, mail or fax this form by June 1, 2015 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