



# Exhibitor Application Form

## Courtyard Marriott | Columbia, MO

### June 8-10, 2016

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 coffee breaks. Meals are an additional fee of \$50, this fee includes dinner on Wednesday, June 8; continental breakfast and lunch on Thursday, June 9 and continental breakfast on Friday, June 10.

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 #126457	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 8 starting at 10:00 am

**Exhibit Removal:** Friday, June 10 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  
Card Holder Name (please print) \_\_\_\_\_  
Authorized Signature \_\_\_\_\_  
Address if Different than Above \_\_\_\_\_  
Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_

### To register as an exhibitor, mail or fax this form by June 1, 2016 to:

Cambio de Colores  
MU Conference Office  
348 Hearn 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.

**NOTE:** Credit Card payments will NOT be accepted by e-mail. Any credit card information included in emails will be deleted, and will not be processed. You may send credit card information by mail, fax, or telephone.