



**Cambio de Colores in Southwest Missouri:
A Workshop for Healthier Communities
Exhibitor Application Form
Crowder College, Neosho, Mo., September 29, 2006**

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 workshop is limited, you will be notified by confirmation letter if your tabletop exhibit has been approved for display.

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

Registration Fees:

Government institutions and other private and public corporations \$50.00 per space \$ _____
 Grassroots and organizations depending on charity or volunteer work\$25.00 per space \$ _____
 Total Exhibitor Fee \$ _____

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

Each Exhibit Space will be provided with 1 table (6'). Exhibition area is UNSECURED! Security of your materials is your responsibility!

Exhibits Set-up: Friday, September 29th from 8:00 am – 3:30 pm Exhibit Removal: Friday, September 29th by 4:30 pm

To register as an exhibitor, mail or fax this form by September 26, 2006 to:

Cambio de Colores in Southwest Missouri
 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: Haley Atkins at (573) 882-9552.

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 #51434	Customer ID# _____	Receipt# _____
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