



Cambio de Colores 2007 Exhibitor Application Form

Marriott Country Club Plaza, Kansas City, Mo., April 2-4, 2007

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

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

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 \$ _____
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: Monday, April 2 from 10:00 am – 12:00 pm Exhibit Removal: Wednesday, April 4 by 11:00 am

To register as an exhibitor, mail or fax this form by March 19, 2007 to:

Cambio de Colores
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: Cindy Hazelrigg at (573) 882-2301.

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 _____

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| For Office Use Only | Ceis #51467 | Customer ID# _____ | Receipt# _____ |
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