



**Cambio de Colores 2011**  
**Exhibitor Application Form**  
**Holiday Inn SE Waterpark, Kansas City, Missouri, June 8-10, 2011**

Please submit this form, along with payment for approval 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.

Name of Exhibitor \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Contact name \_\_\_\_\_  
 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 \$ \_\_\_\_\_

Please list any specific equipment required for your display. You will be notified if your request can be accommodated:  
 \_\_\_\_\_

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 from 8:00 am – 11:00 am Exhibit Removal: Friday, June 10 by 2:00pm

To register as an exhibitor, mail or fax this form by May 30, 2011 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: Erica Lovercamp 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 #115911	Customer ID# _____	Receipt# _____
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