



Exhibitor Application Form

University of Missouri - St. Louis

St. Louis, MO

June 14-16, 2017

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 14; continental breakfast and lunch on Thursday, June 15; and continental breakfast on Friday, June 16.

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 #128211	Customer ID# _____	Receipt# _____
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Registration Fees:

Government institutions and other private and public corporations \$300.00 per space \$ _____
Grassroots 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 14 starting at 10:00 am

Exhibit Removal: Friday, June 16 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 2, 2017 to:

Cambio de Colores
MU Conference Office
344 Hearn Center
Columbia, MO 65211
Or fax (573) 882-1953

If you have any disability that requires special materials or services, please contact: Christy Sumners at (573) 882-2429.

NOTE: Credit card payments will NOT be accepted by email. 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.