Exhibitor Application Form
Reynolds Alumni Center, University of Missouri-Columbia March 30 - April 1, 2005

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 .................... $200.00 per booth       $________
Grassroots and organizations depending on charity or volunteer work .................... $100.00 per booth       $________
Total Exhibitor Fee ........................................................................................................... $________
Electricity Needed? ____Yes    ____ No
Please list any specific needs, you will be notified if they can be accommodated: __________________________________________________

Each Exhibit Space is 8’ x 10’: We will furnish 1 table (6’) and 2 chairs per exhibit.
Exhibition area is UNSECURED! Security of your materials is your responsibility!
Exhibits Set-up:   Wednesday, March 30 from 10:00 am – 12:00 pm
Exhibit Removal:  Thursday, March 31 by 5:55 pm

To register as an exhibitor, mail or fax this form by February 28, 2005 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 ______________________________________________________________________

For Office Use Only   Ceis#44854  Customer ID# ________________ Receipt# ________________