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: Wednesday, April 19 from 10:00 am – 12:00 pm   Exhibit Removal: Friday, April 21 by 11:00 am

To register as an exhibitor, mail or fax this form by March 22, 2006 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#: ___________________________ Exp. Date _____________
__ Credit Card:  _____ Mastercard  _____ Visa  ______Discover
Card Number __________________________________________   Card Holder (print) _______________________________
Address if different than registrant _______________________________ Authorized Signature __________________________

For Office Use Only  Ceis #47811   Customer ID#______________   Receipt#________________