Cambio de Colores 2009  
Exhibitor Application Form  
University of Missouri–St. Louis, May 18-20 

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: Monday, May 18 from 10:00 am – 12:00 pm Exhibit Removal: Wednesday, May 20 by 11:00 am

To register as an exhibitor, mail or fax this form by March 19, 2009 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: Tim Morris 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 #110000  Customer ID#_________________ Receipt# ________________