Exhibitor Application Form
Stoney Creek Inn, Columbia, Missouri, May 24-26, 2010

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 ___________________________ 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: __________________________

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: Monday, May 24 from 10:00 am – 12:00 pm
Exhibit Removal: Wednesday, May 26 by 11:00 am

To register as an exhibitor, mail or fax this form by April 30, 2010 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 (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 #113014
Customer ID# ____________ Receipt# ____________