Exhibitor Registration

Standard Exhibit Booth: \$90

6' x 30" skirted table, exhibit name sign, 2 chairs, 1 wastebasket Exhibitor name will be advertised in the 2017 Conference Program Book Additional options listed below

Exhibit space will be provided on a first-come, first-served basis. All exhibit space will be pre-assigned. Contact Dee Sanfilippo at (573) 526-5205 or exhibitors@mcdhh.mo.gov if you need additional information.

Exhibit Booth Hours

Friday, October 13, 2017
Set-up from 3-6 pm
Exhibit Hours 6-11 pm
Saturday, October 14, 2017
Exhibit Hours 7:30 am-6 pm
Tear-Down 6-9 pm

Exhibitor Cards

Attendees can win prizes by visiting your table! You will be provided with a stamp for participants' door prize cards. Exhibitors who wish to have their own drawing should plan to pick winners at the Saturday Luncheon.

Name:

Please indicate name to be used on the exhibitor name sign and in the conference program book

Please indicate nan	ne to be used on the e	xhibitor name sign and in the con	ıference progran	n book
Name of Person Exhibiting:				
Contact Name: Phone		e: Email:		
Mailing Address:				
Email notifications will	be sent when regis	tration is received. Notification	n will not be se	ent by mail.
		nal Exhibit Options would like to add to your tot	tal	
Additional table(s)ElectricityElectricity & T1 hard v	+\$40	Additional Saturday B Saturday L		+\$20 each
	s form and payme	Payment yable to: MCDHH/BCI Fun ent to MCDHH by Septemb Guite B, Jefferson City, MO	er 1, 2017	
	Exhibit Booth I Options Total	\$90 \$		

FOR OFFICE USE ONLY

DATE RECEIVED | RECEIVED BY | AMT PAID | CHECK/PO NUMBER | MEALS | TABLES | CHAIRS | ELECTRICITY | EMAIL SENT/INITIALS

TOTAL ENCLOSED