

2010 MVMA Exhibitor Registration Form

Please fill out this form and mail along with your payment to:
Minnesota Veterinary Medical Association
101 Bridgepoint Way, Suite 100, South St. Paul, MN 55075
Phone (651) 645-7533 • Fax (651) 645-7539

1. EXHIBITING COMPANY

Name of Company _____ Telephone _____ Fax _____
Company Address _____ City _____ State _____ Zip _____
Company Website Address _____

2. CONTACT AT COMPANY

Email _____
(Required)
Name of Person _____ Telephone _____ Fax _____ Cell _____
Address (if different than above) _____ City _____ State _____ Zip _____

3. LOCAL CONTACT

Email _____
(Required)
Name of Person _____ Telephone _____ Fax _____ Cell _____
Address (if different than above) _____ City _____ State _____ Zip _____

* **Please indicate which contact should receive booth confirmation and further exhibitor information**

(choose one) Contact at firm Local Contact

4. BOOTH SIZE Single (\$1,050) Double (\$1,950) Triple (\$2,900)

Is your company an MVMA Corporate Member? Yes No Unknown

Will your company be an MVMA Annual Meeting Sponsor? Yes No Unknown

Office Use Only

Payment Received _____

Check # _____

Date Received _____

5. SPACE - List your companies' three booth # preferences. (See Hilton's floor plan)

1. _____ 2. _____ 3. _____

If applicable, list companies by which you prefer not to be placed: Every effort will be made to honor your requests.

6. PRODUCTS/SERVICES

Please list the products/services to be exhibited: _____

7. MVMF SILENT AUCTION

Yes, we will provide an item(s) for the MVMF Silent Auction _____

No, we are unable to provide an item for the MVMF Silent Auction

8. NAMES OF PEOPLE STAFFING THE EXHIBIT (Must be direct employees of exhibiting company)

9. NUMBER OF FRIDAY LUNCHES NEEDED _____ x \$25 = _____ Total (Add to Exhibit Booth Fee)

10. PAYMENT - Full payment, must accompany application and be received by December 1, 2009.

Complete the following if you wish to pay by credit card: VISA _____ MasterCard _____ Discover _____ Amount _____

Card Number _____ Exp. Date _____ CVV Code _____

Signature _____