



*CONFERENCE EXHIBITOR
REGISTRATION FORM*

Please type or print exactly as you wish the information to appear in print.

EXHIBITOR INFORMATION

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Company

Website: _____

Contact Person: _____

Phone: _____ Fax: _____

E-mail: _____

CONFERENCE PROCEEDINGS

Full Page (\$575) ½ Page (\$455)

¼ Page (\$355)

CONFERENCE TABLETS

Exclusive (\$1200) Shared (\$455)

Exhibit Space Fee (\$450)

LUNCH REGISTRATIONS

For additional personnel (one included with booth price)

Day	# Tickets	Cost
Monday	_____	@ \$30.00 each

Lunch Total \$ _____

Grand Total \$ _____

PAYMENT INFORMATION

Payment accepted by check or credit card.

Check

Visa MasterCard American Express Discover Card

NOTE: Credit Cards are taken via Acteva on line at www.mnasq.org.

DEADLINE September 22, 2008
