

# Missouri Early Learning Exhibitor Form

November 9-10, 2017 ★ Tan-Tar-A Resort ★ Osage Beach, Missouri

For Office Use Only CEIS #128524 Customer ID # \_\_\_\_\_ Receipt # \_\_\_\_\_

Agency/Company Name (as it should appear in conference materials): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Web Site: \_\_\_\_\_

Authorized Representative(s) (two are included in fee, all additional representatives are \$25 each.) \_\_\_\_\_

Description of materials to be exhibited: \_\_\_\_\_

**Send company logo (300 DPI) and description (100 words or less) to [muconf3@missouri.edu](mailto:muconf3@missouri.edu)**

Yes, I plan to donate a door prize.

**Choose Exhibit Level:** 8'x10' booth price includes signage, one 6' X 30" skirted table and two chairs. Wifi is complimentary. For additional equipment, contact Tan-Tar-A (Sales@tan-tar-a.com).

LEVEL	1st booth space	2nd booth space	Additional booth spaces	Level Total
<b>Conference Sponsor</b>				
Any Type	<input type="checkbox"/> \$500	<input type="checkbox"/> add \$250	<input type="checkbox"/> \$125 x # _____ = \$ _____	\$ _____
<b>Gold</b>				
Textbook Publisher	<input type="checkbox"/> \$300	<input type="checkbox"/> add \$150	<input type="checkbox"/> \$75 x # _____ = \$ _____	\$ _____
For Profit/Retail	<input type="checkbox"/> \$150	<input type="checkbox"/> add \$75	<input type="checkbox"/> \$50 x # _____ = \$ _____	\$ _____
Non-Profit	<input type="checkbox"/> \$100	<input type="checkbox"/> add \$50	<input type="checkbox"/> \$25 x # _____ = \$ _____	\$ _____
<b>Silver</b>				
Textbook Publisher	<input type="checkbox"/> \$200	<input type="checkbox"/> add \$100	<input type="checkbox"/> \$50 x # _____ = \$ _____	\$ _____
For Profit/Retail	<input type="checkbox"/> \$100	<input type="checkbox"/> add \$50	<input type="checkbox"/> \$25 x # _____ = \$ _____	\$ _____
Non-Profit	<input type="checkbox"/> \$75	<input type="checkbox"/> add \$50	<input type="checkbox"/> \$25 x # _____ = \$ _____	\$ _____

Electrical Outlets Needed ..... # of outlets \_\_\_\_\_ x \$ 50 = \$ \_\_\_\_\_

Additional Representatives (over 2)..... # of additional reps. \_\_\_\_\_ x \$ 25 = \$ \_\_\_\_\_

Additional Skirted Table ..... # of additional tables \_\_\_\_\_ x \$ 24 = \$ \_\_\_\_\_

**Total Payment (Level + Additional Needs)..... \$ \_\_\_\_\_**

**Ways to Register:**

**Mail or fax completed form and payment information to:** Missouri Early Learning Conference, 344 Hearnes Center, Columbia, MO 65211; Fax: (573) 882-1953 or **phone** at (573) 882-4349 or 866-682-6663. **Form and payment must be received by October 20, 2017.**

**For security reasons,** emailed forms containing credit card information WILL NOT BE PROCESSED. Refunds for cancellation possible with written request received by **October 27, 2017.**

**Method of Payment:**

Payment enclosed (Payable to University of Missouri)

Credit Card:  MasterCard  Visa  Discover  AMEX

Printed Cardholder's Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Address if Different than Registrant \_\_\_\_\_

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ / \_\_\_\_\_