

2025 MVMA Exhibitor Registration Form

Please complete this form and return 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
Email: mandyr@mvma.org

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/PRICE

Single (\$1,850) Double (\$3,300) Non Profit (\$925)*
 Premium Single(\$2,000) Premium Double(\$3,600)

TABLE I want a free 6' x 30" high table

Will your company be a 2025 MVMA Annual Meeting Sponsor? Yes No Undecided

Office Use Only

Booth space _____

Payment Recd. _____

5. SPACE - List your three booth # preferences. (EXHIBIT HALL MAP) *Non Profit booth options will not be guaranteed booth preferences

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 provide a 1-50 word description of your Products/Services for our Convention App and referral purposes.

7. NAMES OF PEOPLE STAFFING THE EXHIBIT (Must be direct employees of exhibiting company - 6 included in each booth. Additional badges available for purchase - contact mandyr@mvma.org)

8. THURSDAY & FRIDAY LUNCH PROVIDED – each single booth space will receive 2 lunches on Thursday and Friday.

9. PAYMENT - Full payment, must accompany application and be received by November 1, 2024.

Check Enclosed Check Number _____ Amount _____
Complete the following if you wish to pay by credit card: VISA MasterCard Discover AMEX Amount _____
Card Number _____ Exp. Date _____ CVV Code _____
Signature _____ Billing Zip Code _____