2026 EARLY 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 ($1,950) ☐Double ($3,500) ☐ Triple ($5,450)

☐Premium Single($2,200) ☐Premium Double($3,950) ☐ Premium Triple ($6,100)

☐ Non Profit Single ($975)*

~~TABLE ☐ I want a free 6' x 30" high table~~ No longer available

Will your company be a 2026 MVMA Annual Meeting Sponsor? ☐ Yes ☐ No ☐ Undecided

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 January 10, 2026.

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_____