

2027 EARLY MVMA Exhibitor Registration Form

Early bird pricing valid through 10/31/26

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**
- | | | |
|--|--|---|
| <input type="checkbox"/> Single (\$2,100) | <input type="checkbox"/> Double (\$3,700) | <input type="checkbox"/> Triple (\$5,700) |
| <input type="checkbox"/> Premium Single(\$2,550) | <input type="checkbox"/> Premium Double(\$4,250) | <input type="checkbox"/> Premium Triple (\$6,400) |
| <input type="checkbox"/> Non Profit Single (\$1050)* | | |

Will your company be a 2027 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 AVAILABLE - \$40/lunch. Indicate number of lunches desired for each day:
_____ Thursday lunches (x\$40/lunch) _____ Friday lunches (x \$40/lunch)

9. PAYMENT - Full payment, must accompany application and be received by January 10, 2027.

Check Enclosed Check Number _____ Amount _____

Complete the following if you wish to pay by credit card:

Card Number _____ Exp. Date _____ CVV Code _____

Signature _____ Billing Zip Code _____