2019 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: kellya@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

Office Use Only

Booth space _____

Payment Rcd. ____

4. BOOTH SIZE/PRICE

☐ Single ($1,500) ☐ Double ($2,450) ☐ Triple ($3,550)

Will your company be a 2019 MVMA Annual Meeting Sponsor? ☐ Yes ☐ No ☐ Undecided

Is your company interested in supporting membership with the MVMA? ☐ Yes ☐ No ☐ Undecided

5. SPACE - List your three booth # preferences. (**EXHIBIT HALL MAP) NEW LOCATION ï SEE MAP**

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. MVMF SILENT AUCTION ☐ Yes, we will provide an item(s) for the MVMF Silent Auction (please list if known)_____

8. NAMES OF PEOPLE STAFFING THE EXHIBIT (Must be direct employees of exhibiting company)

_____ _____

_____ _____

_____ _____

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

10. PAYMENT - **Full payment, must accompany application and be received by December 31, 2018.**

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 _____