

4242'O XO C'Gzj kdkqt 'T gi kvt cvkqp'Hqt o "

Please complete this form and return along with your payment to:
O lppguqc'Xgvt lpt { 'O gf lecdCuqek vkkp'''
323'Dt k' i gr qkp'Y c{.'Uwsg'322.'Uqwj 'UoRcwn'O P'77297''
Rj qpg'*873+867/9755''* Hcz'*873+867/975;''* Go clz'kellya@mvma.org''

30GZJ **DKVPI 'EQO RCP["**

Name of Company _____ Telephone _____ Fax _____
Company Address _____ City _____ State _____ Zip _____
Company Website Address _____

40EQPVCEV'CV'EQO RCP["" "" "" "" Email _____
(Required)

Name of Person _____ Telephone _____ Fax _____ Cell _____
Address (if different than above) _____ City _____ State _____ Zip _____

50NQE'CN'EQPVCEV'' "" "" "" "" Email _____
(Required)

Name of Person _____ Telephone _____ Fax _____ Cell _____
Address (if different than above) _____ City _____ State _____ Zip _____

* Rgcug'lpf lecv'y j lej 'eqpcev'tj qwf 'tgegksg'dqqvj 'eqpht o cvkqp'epf 'hvt vj gt 'gzj kdkqt 'lphqt o cvkqp
""*ej qqg'lpq+ Contact at firm Local Contact

60DQQVJ 'UK GIRT'EG'' Single (\$1,500) Double (\$2,450) Triple (\$3,550)

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

Will your company be a 2020 MVMA Annual Meeting Sponsor? Yes No Undecided
Is your company interested in saving 5-10% by becoming a supporting member of the MVMA? Yes No Undecided

70URCEG'' List your three booth # preferences. (GZJ **DKV'J CNN'O CR+''**
1. _____ 2. _____ 3. _____

If applicable, list companies by which you prefer not to be placed: Every effort will be made to honor your requests.

80RTQF WE VUIUGT XIE GU/'Please provide a 1-50 word description of your Products/Services for our Convention App and referral purposes. _____

90O XO H'UKNGP V'CWV KQP ''
 Yes, we will provide an item(s) for the MVMA Silent Auction (please list if known) _____

: 0P CO GS QH'RGQRNG'UVCHHP I 'VJ G'GZJ **DKV''**(Must be direct employees of exhibiting company)

; 0VJ WTUF C[(' 'HT'F C['NWPEJ 'RTQX'F GF ''- each single booth space will receive 2 lunches on Thursday and Friday.

320RC[O GPV''Hmnr c{o gpv'b wu'beeqr rep{''errdec vkkp'epf 'dg'tgegksg 'd{' 'F gego dgt '3.'423; 0'
Check Enclosed Check Number _____ Co qwpv _____
Complete the following if you wish to pay by credit card: VISA MasterCard Discover AMEX Co qwpv _____
Card Number _____ Exp. Date _____ CVV Code _____
Signature _____ Billing Zip Code _____

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