

# 2020 MVMA Supporting Member Early 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](mailto: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

**BOOTH**  I want a free 6' x 30" high table  
**4. SIZE/PRICE with 5% discount**  Single (\$1,425)  Double (\$2,327)  Triple (\$3,372)  
**SIZE/PRICE with 10% discount**  Single (\$1,350)  Double (\$2,160)  Triple (\$3,195)

**Office Use Only**  
Booth space \_\_\_\_\_  
Payment Rcd. \_\_\_\_\_

Supporting members - use 5% discount if you **DO NOT** advertise in the MVMA News or on MVMA.org homepage and 10% if you do advertise.

Will your company be a 2020 MVMA Annual Meeting Sponsor?  Yes  No  Undecided

## 5. SPACE - List your three booth # preferences. (EXHIBIT HALL 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 – each single booth space will receive 2 lunches on Thursday and Friday.

## 10. PAYMENT - Full payment, must accompany application and be received by August 1, 2019 to guarantee space.

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 \_\_\_\_\_