

Missouri Association of School Nurses Annual Spring Conference, April 25, 2015

Hilton Branson Convention Center

For Profit (individual) Exhibitor Registration Form

Please submit registration and payment by April 1, 2015

Company Name (to be used for sign): _____

Address: _____

City/State/Zip code: _____

Company Representative(s): _____ Booth Preference #: _____

Name: _____ Phone: _____

E-mail: _____ Fax: _____

Name: _____ Phone: _____

E-mail: _____ Fax: _____

Address (if different from above) _____ Or cell phone # _____

I will need _____ table(s) @ 125.00 \$ _____

I will need a breakfast ticket(s) _____ x \$ 20.00 =\$ _____

I will need a lunch ticket(s) _____ x \$ 30.00 =\$ _____

I would like to donate a door Prize _____
Description of item(s) _____

I would like to sponsor a meal/snack Yes _____ No _____

If yes please indicate preference Breakfast _____ Lunch _____ Snack _____

NOTE: Exhibitors needing electrical outlets or any additional equipment will be responsible for making their own arrangements and the additional expense involved.

Method of Payment: Checks only

Make checks payable to: **Missouri Association of School Nurses (MASN)**

Genie Drown, MASN Treasurer

2308 Ridgemont

Columbia, MO 65203-1542

Space is limited. Please register as soon as possible to assure exhibit space at this conference. Vendor Hall will be open for set-up beginning at 4:00 a.m. and must be taken down by 5:00 p.m.