

Missouri Association of School Nurses Annual Spring Conference, April 25, 2015 Hilton Branson Convention Center

Non-Profit 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) @ \$95.00 = \$ _____

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) _____

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.