

2012 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: info@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
4. BOOTH SIZE Single (\$1,200) Double (\$2,100) Triple (\$3,100)

Is your company an MVMA Corporate Member? Yes No Need more info
Will your company be an MVMA Annual Meeting Sponsor? Yes No Undecided

Office Use Only Booth space _____ Payment Received _____

5. SPACE - List your three booth # preferences. (See map) **NOTE NEW CONVENTION LOCATION – NEW 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 list the products/services to be exhibited: _____

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. NUMBER OF FRIDAY LUNCHES NEEDED _____ x \$30 = _____ Total (Add to Exhibit Booth Fee)

10. PAYMENT - Full payment, must accompany application and be received by **December 30, 2011.**

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 _____ Credit Card Billing Address/ Zip _____