



2017 SPONSORSHIP/ EXHIBITOR APPLICATION
Employment, Training, Benefits & Wellness

May 16, 2017 • Columbia, Missouri
Stoney Creek Conference Center

Our space is limited and treated on first come first served basis. Please complete this form and return as soon as possible.
For additional information, contact Nan Boland at 515-331-9020 or Nan@MissouriEmploymentConference.com

COMPANY INFORMATION

Company information must be listed as it should appear in printed materials.

Company/Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Website _____

SPONSORSHIP LEVEL

- Platinum \$2000, Gold \$1500, Silver \$1000, Bronze \$750, Corporate Exhibitor \$500

EXHIBITOR REPRESENTATIVE (Primary Contact)

Please list name and company as it should appear on the name badge.

Name _____ Title _____

Email _____ Phone _____

- Please check here if you will have additional exhibitor representatives. The cost for each additional exhibitor representative is \$50...
Please check the box if you need electricity. Electricity is available for an additional \$20.00 per booth.

PAYMENT INFORMATION

- Check Enclosed: Make checks payable to: Missouri Employment Conference
Invoice (Please see Registration Terms & Cancellation Policy): Completed information form may be faxed or emailed...

Payment Policy

Total payment is required to complete your registration. Your payment should include payment for the sponsorship or exhibit booth space plus any additional exhibit booth personnel. We reserve the right to refuse admission to the conference, if payment has not been received.

Registration Terms & Cancellation Policy

Once we have received this application form, you will be responsible to pay the sponsorship/exhibitor registration fee based on the Registration Terms & Cancellation Policy.

There are no refunds for cancellations by exhibitors or sponsors. If an exhibitor or sponsor cancels at any time, for any reason, the exhibitor or sponsor will be responsible for the entire exhibitor or sponsor fee.

REGISTRATION/ ORDER SUMMARY

Table with 2 columns: Item, Amount. Rows include Level, Addt'l Exhibitor, Electricity, and TOTAL.

ADDITIONAL EXHIBITOR REPRESENTATIVE(S)

Please list name and company as it should appear on the name badge.

Additional Exhibitor Representative 1

Name _____ Title _____

Email _____ Phone _____

Additional Exhibitor Representative 2

Name _____ Title _____

Email _____ Phone _____

COMPLIMENTARY REGISTRATIONS

If your sponsorship level includes complimentary registrants, please enter their information below. They must be registered in order to attend. Please list name and company as it should appear on the name badge.

Complimentary Registration 1

Name _____ Title _____

Company _____ Email _____

Complimentary Registration 2

Name _____ Title _____

Company _____ Email _____

Complimentary Registration 3

Name _____ Title _____

Company _____ Email _____

Complimentary Registration 4

Name _____ Title _____

Company _____ Email _____

Complimentary Registration 5

Name _____ Title _____

Company _____ Email _____

Office Use Only

Received _____ Entered _____ Invoice # _____ Paid _____ Check # _____

