

ICCF 18

Exhibit Only Application Form

Sponsor/Agency Name: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Name(s) of up to 2 representatives at booth _____

Contact E-mail: _____

An exhibit only registration is \$250 (two hundred fifty dollars) includes the welcome reception but does not include attendance at the conference sessions, events, meals or materials. Additional sponsorship opportunities can be found at <http://iccf18.research.missouri.edu/sponsorship.php>

Exhibit Only Sponsors receive one 8 ft. tabletop booth with 2 chairs and tablecloth for \$250.

Electricity: _____ Needed _____ Not needed

Booth location will be at the sole discretion of the conference organizers. Once payment is received each exhibitor will receive a confirmation letter with important information regarding the conference.

Deadline to reserve a booth is July 12, 2013.

Method of Payment: Check (made to University of Missouri); or **Credit Card** (Visa/MasterCard/Discover)

Name on Card: _____

Card Type: ___ Visa ___ MasterCard ___ Discover ___ AMEX **Card Number:** _____

Expiration Date: _____ **Authorized Signature:** _____

Address if different than name listed above: _____

Return form & payment to: ICCF-18 Exhibits,
MU Conference Office, 344 Hearnese, Columbia, MO 65211
FAX: (573) 882-1953

**All cancellations must be submitted in writing to the MU Conference office.
Muconf3@missouri.edu
After July 12, 2013 no refunds will be given.**

Office Use Only: CEIS #121380	Customer # _____	Receipt # _____
-------------------------------	------------------	-----------------