



# Exhibitor Registration Form

**Migrant Education & English Language Learning Conference**  
Hyatt Crown Center, Kansas City, Missouri November 18 - 20, 2009

Please submit this form, along with payment for approval to exhibit at the conference. All exhibitors must be registered using the following form. Please be aware that filling out this form does not guarantee approval of your display. As space at the conference is limited, you will be notified by confirmation letter if your exhibit has been approved for display.

Name of Exhibitor \_\_\_\_\_ Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Additional Representative \_\_\_\_\_

### Exhibitor Fees:

Full Booth ( <i>Includes Thursday Registration</i> ) .....	\$450.00 per booth	\$ _____
Additional Booth ( <i>Limit One</i> ) .....	\$275.00 per booth	\$ _____
Tabletop Display (6'x3') .....	\$400.00 per table	\$ _____
Tabletop Display (6'x3') Additional Table .....	\$175.00 per table	\$ _____
Non-Profit Organizations ( <i>Includes Thursday Registration</i> ) .....	\$275.00 per table	\$ _____
Additional Registration ( <i>Thursday</i> ) .....	\$125.00 per table	\$ _____
<b>Total Exhibitor Fee</b> .....		\$ _____

### Exhibit Needs:

- One Registration is included with your exhibit. Please indicate if you would prefer a boxed lunch in the exhibit hall or if you would like to attend the luncheon with keynote speaker:  Boxed Lunch  Keynote Luncheon
- Electricity Needed?  Yes  No
- Please list any specific needs, you will be notified if they cannot be accommodated: \_\_\_\_\_

### Exhibit Booth:

Each Exhibit Booth is 8' x 10': If you have selected full booth above, your booth will include pipe and drape, (1) 6' table and (2) chairs. We will furnish 1 table (6'x3') and 2 chairs per exhibit for tabletops only.

**Exhibits Set-up:** Weds, 11/18: 3:00 pm – 5:00 pm

**Exhibits Open:** Thurs, 11/19: 7:30 am – 5:30 pm

**Exhibit Removal:** Thurs, 11/19: 5:30 pm – 6:30 pm

**To register as an exhibitor, mail or fax this form by October 16, 2009 to:**

MELL  
MU Conference Office  
University of Missouri – Columbia  
344 Hearnes Center  
Columbia, MO 65211  
573-882-4038  
Or fax: (573) 882-1953

If you have any disability that requires special materials or services, please contact: Tim Morris at 573-882-2301.

### Method of Payment:

- Payment Enclosed (*Check payable to University of Missouri*)
- Bill my Organization (*Purchase Order must be attached*)
- ISE (*for University of Missouri Personnel only*) Dept. to be Charged: \_\_\_\_\_ Dept. Address: \_\_\_\_\_  
MO Code: \_\_\_\_\_ Account#: \_\_\_\_\_
- Credit Card:  Mastercard  Visa  Discover  
Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Card Holder (print) \_\_\_\_\_ Authorized Signature \_\_\_\_\_  
Address if different than registrant \_\_\_\_\_

For Office Use Only

CEIS # 111609

Customer ID# \_\_\_\_\_

Receipt# \_\_\_\_\_