

## EXHIBITOR FORM

### INFORMATION

Contact: \_\_\_\_\_

*Individual handling booth arrangements – will receive all emails regarding exhibiting.*

Company Name: \_\_\_\_\_

Exhibiting Firm: \_\_\_\_\_

*List name as it should appear on marketing, signage, etc.*

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

On-Site Contact: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Booth Number: \_\_\_\_\_

### EXHIBIT SPACE

*All booths are 10' x 10'*

	MEMBER	NON-MEMBER
Aisle	<input type="checkbox"/> \$799	<input type="checkbox"/> \$1,650
Corner	<input type="checkbox"/> \$965	<input type="checkbox"/> \$1,925

One complimentary registration will be included per each booth space. All exhibitor personnel must be registered for the event. **PLEASE NOTE MHI WILL NOT REFUND REGISTRATIONS TO USE COMPLIMENTARY PASS.**

Exhibit space includes pipe and drape, ID sign, existing carpet, 6 ft. skirted table, waste basket and two chairs.

### ADDITIONAL VISIBILITY OPPORTUNITIES IN CONFERENCE PROGRAM MEMBER NON-MEMBER

OPTION A: Company Name & Booth Number in Bold Text	<input type="checkbox"/> \$100	<input type="checkbox"/> \$110
OPTION B: Company Name & Booth Number in Bold and Color Text w/ Highlight in Color on the Floor Plan	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275

### ATTENDEE LISTS

	MEMBER	NON-MEMBER
Pre-Show Attendee List	<input type="checkbox"/> \$275	<input type="checkbox"/> \$550
Post Show Attendee List	<input type="checkbox"/> \$275	<input type="checkbox"/> \$550
Both Lists	<input type="checkbox"/> \$440*	<input type="checkbox"/> \$880*

*\*20% discount when purchasing pre and post attendee list.*

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*I hereby certify that all information is correct and agree to all the "Conditions of Exhibiting" as listed in the Exhibitor Terms and Conditions.*

### BOOTH PAYMENT INFORMATION

**Space is reserved only after full payment of the booth is received.**

American Express     MasterCard     VISA     DISCOVER

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Amount of Charge: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Cardholders Billing Address: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

**I agree to pay the above total amount according to the card issuer's agreement.**

**PLEASE SUBMIT APPLICATION TO ELLEN SAVAGE AT [ESAVAGE@MFGHOME.ORG](mailto:ESAVAGE@MFGHOME.ORG)**