

**MASSP/MCCTA EXHIBITOR REGISTRATION FORM  
FALL CONFERENCE OCTOBER 5-6, 2008**

Firm Name \_\_\_\_\_  
(Limit 35 letters for sign)

Address \_\_\_\_\_  
\_\_\_\_\_

Contact Person \_\_\_\_\_  
Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Type of Product \_\_\_\_\_

\_\_\_\_\_ Yes, I would like to reserve a booth(s) for the 2008 MASSP/MCCTA Fall Conference.  
( \_\_\_ 1 for \$300 \_\_\_ 2 for \$500)

\_\_\_\_\_ I would like to reserve one booth for both the MASSP/MCCTA Fall Conference and one for the  
2009 MASSP Spring Conference for \$500 (March 29-30 at Lodge of Four Seasons, Lake Ozark)

\*Please indicate here if you need electrical outlet \_\_\_\_\_

\*Please indicate here if you need additional tables \_\_\_\_\_  
( Hotel may have additional charges for these)

For name tag purposes, list name(s) of representatives attending:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Yes, I plan to attend the lunch on Monday. How many? \_\_\_\_\_ (Two complimentary tickets  
provided per exhibitor. Additional tickets available @ \$20 each)

\_\_\_\_\_ No, I will not be able to attend the luncheon.

Amount enclosed \$ \_\_\_\_\_

\_\_\_\_\_ Please invoice the company. Purchase order number \_\_\_\_\_

\_\_\_\_\_  
Signature/Date

**Make check payable and return registration form to:**

**MASSP  
2409 West Ash Street  
Columbia, MO 65203  
Phone: 573-445-5071 FAX: 573-445-6416**