

# Exhibitor Registration Form

2010 MML Spring Expo ~ April 14, 2010 ~ Lansing

Page 1 of 2 - Please type or print clearly

<b>Registration Contact Information</b> (Person completing this form)
Name
Telephone
Email

<b>Company Information</b>
Company
Address
City/State/Zip
Telephone
Fax

<b>A - Exhibit Booth</b>	
Booths are assigned on a first-come-first-served basis. Choices are not guaranteed, however, best efforts will be made to accommodate your preferences and to separate you from competitors.	
Booth #(s): 1st Choice _____ 2nd Choice _____ 3rd Choice _____	
Table size: <input type="checkbox"/> 8-foot <input type="checkbox"/> 6-foot <input type="checkbox"/> 4-foot <input type="checkbox"/> None	
1st Booth: A Booth @ \$925	\$ _____
B Booth @ \$825	
C Booth @ \$725	
2nd Booth: A Booth @ \$725	\$ _____
B Booth @ \$625	
C Booth @ \$525	
Business Alliance Discount (\$50) <small>(www.mml.org/alliance to see if you qualify)</small>	(\$ _____)
State Agency Discount (\$50)	(\$ _____)
Electrical Service @ \$75/booth	\$ _____
<b>A - Exhibit Booth Total</b>	<b>\$ _____</b>

<b>B - Optional Tickets</b>	
_____ Luncheon tickets @ \$25	\$ _____
_____ Capital Reception tickets @ \$25	\$ _____
<b>B - Optional Ticket Total</b>	<b>\$ _____</b>

<b>C - Sponsorship</b>	
Sponsorship level is determined by total amount contributed (excluding booth costs).	
Platinum Level \$5,000+	\$ _____
Gold \$3,000 - \$4,999	\$ _____
Silver \$1,000 - \$2,999	\$ _____
Bronze \$500 - \$999	\$ _____
<b>C - Sponsorship Total</b>	<b>\$ _____</b>

<b>D - Program Advertising</b>	
<input type="checkbox"/> Full pg @ \$750	<input type="checkbox"/> 1/4 pg vertical @ \$300
<input type="checkbox"/> 1/2 pg vertical @ \$375	<input type="checkbox"/> 1/4 pg horizontal @ \$300
<input type="checkbox"/> 1/2 pg horizontal @ \$375	
Program advertising cost	\$ _____
Business Alliance Discount: Silver (10%); Gold (20%); Platinum (30%) (\$ _____)	
<b>D - Program Advertising Total</b>	<b>\$ _____</b>

<b>Name Badges</b>	
Name #1	
Email	
Name #2	
Email	

# Exhibitor Registration Form

<b>On Site Contact Information</b> (Your primary staffer at the booth)	
Name _____	
Cell Phone _____	Email _____

Online Program Listing	Program Listing Category
Company _____	<input type="checkbox"/> Architects <input type="checkbox"/> Insurance <input type="checkbox"/> Attorneys <input type="checkbox"/> Landscape <input type="checkbox"/> Billing Service <input type="checkbox"/> Land Use <input type="checkbox"/> Computer <input type="checkbox"/> Mgmt Consultants <input type="checkbox"/> DT/Economic Dev <input type="checkbox"/> Planning & Zoning <input type="checkbox"/> Benefits Consultants <input type="checkbox"/> Recreation <input type="checkbox"/> Information Tech <input type="checkbox"/> Software <input type="checkbox"/> Employee Benefits <input type="checkbox"/> Solid Waste <input type="checkbox"/> Engineers <input type="checkbox"/> Surveying <input type="checkbox"/> Environmental <input type="checkbox"/> Transit <input type="checkbox"/> Equipment <input type="checkbox"/> Water/Wastewater <input type="checkbox"/> Financial Services <input type="checkbox"/> Other <input type="checkbox"/> Human Resource <input type="checkbox"/> Information Tech _____
Contact name _____	
Address _____	
City/State/Zip _____	
Telephone _____	
Fax _____	
Email _____	
Website _____	
Description of company's products/services <input type="checkbox"/> Use description from last expo <input type="checkbox"/> New (Please email to tmurphy@mml.org)	

Payment	
A - Exhibit Booth Total                      \$ _____ B - Optional Tickets Total                      \$ _____ C - Sponsorship Total                      \$ _____ D - Program Advertising Total                      \$ _____  Grand Total                      \$ _____	<input type="checkbox"/> Charge total amount to my credit card Type of card (circle) Visa                      Mastercard                      American Express CC#: _____ Exp. Date: _____ Billing Zipcode: _____ Signature _____ <input type="checkbox"/> Payment by check to "Michigan Municipal League"

Fax this completed application with credit card payment to 734-662-6939 OR mail this completed application with check for payment in full to Michigan Municipal League, PO Box 7409, Ann Arbor, MI 48107-7409.  
 50% refund for cancellation before March 13, 2010. Absolutely no refunds after March 13 2010.  
**Payment in full must be received before April 13, 2010.**

The exhibitor agrees to comply with the instructions, requirements, rules, restrictions & conditions stated in this contract and in the printed and online exhibit information, and agrees to promptly submit all information required and requested by League representatives in this application and other communications.

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