

2022 MJJA SPRING CONFERENCE REGISTRATION FORM - Private Exhibitor

Page 1 of 2

Please print or type to ensure accuracy.

Company Name: _____

Contact Person: _____ **Title:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: _____ **Email Address:** _____

You are allotted ONE table for your exhibit. Please complete #1 (required) and, if applicable, #2 and #3 accordingly.

Exhibit Fee: \$425.00 Payment of this fee covers your opportunity to exhibit and entitles ONE representative from your organization to attend the conference workshops, meals, breaks and activities as noted on the agenda.

#1 Name: _____ **Title:** _____

Phone: _____ **Email Address:** _____

Dietary/Medical Restrictions:

_____ **Vegetarian** _____ **No Pork** _____ **Gluten-Free**

_____ **Allergy - Specify -** _____

Additional Representatives: \$125.00 each Payment of this fee covers meals, breaks and activities.

#2 Name: _____ **Title:** _____

Phone: _____ **Email Address:** _____

Dietary/Medical Restrictions:

_____ **Vegetarian** _____ **No Pork** _____ **Gluten-Free** _____ **Allergy - Specify -** _____

#3 Name: _____ **Title:** _____

Phone: _____ **Email Address:** _____

Dietary/Medical Restrictions:

_____ **Vegetarian** _____ **No Pork** _____ **Gluten-Free**

_____ **Allergy - Specify -** _____

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Please print or type to ensure accuracy.

Please list names of additional representatives attending conference workshops:

Enclose \$250 (for MJJA member) and/or \$320 (for non-MJJA member) for each additional exhibitor representative who wishes to attend the conference workshops. Payment covers approval to attend workshops, meals, breaks and activities as noted on the conference agenda.

Dietary/Medical Restrictions:

_____ **Vegetarian** _____ **No Pork** _____ **Gluten-Free**

_____ **Allergy - Specify -** _____

Payment Options:

_____ **Option #1 - Exhibitor Fee - \$425.00**

_____ **Option #2 - Additional Exhibitor - \$125.00**

Additional representatives attending conference workshops:

_____ **MJJA Member - \$250.00**

_____ **Non-member - \$320.00**

_____ **Pay by Check: (check #:)** _____

_____ **Pay online @mjja.org by PayPal (Ref. #:)** _____

_____ **Invoice - Request an invoice for billing purposes**

To register by mail, print this form, enclose applicable fee(s) and mail to:

MJJA – Spring Conference 2022

P. O. Box 1332

Jefferson City, MO 65102-1332

Questions? Please call 573.616.1058, or email vonda@mjja.org

DEADLINE ~ MUST BE POSTMARKED BY April 25, 2022

No Refunds After May 1, 2022