

# 2022 MJJA FALL 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 list names of additional representatives attending conference workshops:**

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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 -** \_\_\_\_\_

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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 – Fall Conference 2022**

**P. O. Box 1332**

**Jefferson City, MO 65102-1332**

Questions? Please call 573.616.1058, or email [vonda@mjja.org](mailto:vonda@mjja.org)

**DEADLINE ~ MUST BE POSTMARKED BY October 10, 2022**

**No Refunds After October 15, 2022**