

2024 MJJA FALL CONFERENCE REGISTRATION FORM - Private Exhibitor

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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 - Fall Conference 2024

P. O. Box 1332

Jefferson City, MO 65102-1332

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

DEADLINE ~ MUST BE POSTMARKED BY October 4, 2024

No Refunds After October 11, 2024

