

2025 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:

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

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 2025

P. O. Box 1332

Jefferson City, MO 65102-1332

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

