2025 MJJA SPRING CONFERENCE REGISTRATION FORM - Private Exhibitor

Page 1 of 2

Please print or type to ensure accuracy.

Contact Person:	Company Name:			_
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 agend #1 Name:Title: Phone:Email Address:	Contact Person:		Title:	
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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 agend #1 Name: Title: Phone: Email Address: Dietary/Medical Restrictions: 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: Title: Title: #3 Name: Title: Title: #3 Name: Title: Title: #3 Name: Title: #3 Name:	Phone #:	E	nail Address:	
from your organization to attend the conference workshops, meals, breaks and activities as noted on the agend #1 Name:		for your exhibit. Please co	mplete #1 (required) and, if applicable, #2	and #3
#1 Name:	*Exhibit Fee: \$425.00* Pay	ment of this fee covers you	r opportunity to exhibit and entitles ONE	representative
Phone:Email Address: Dietary/Medical Restrictions:VegetarianNo PorkGluten-FreeAllergy - Specify *Additional Representatives: \$125.00 each* Payment of this fee covers meals, breaks and activities. #2 Name:Title: Phone:Email Address: Dietary/Medical Restrictions:VegetarianNo PorkGluten-FreeAllergy - Specify #3 Name:Title:	from your organization to	attend the conference work	shops, meals, breaks and activities as note	d on the agenda
Dietary/Medical Restrictions:	#1 Name:	T	itle:	_
	Phone:	E	nail Address:	
Additional Representatives: \$125.00 each Payment of this fee covers meals, breaks and activities. #2 Name:	Dietary/Medical Restriction	ons:		
#2 Name:				
Phone:Email Address: Dietary/Medical Restrictions:VegetarianNo PorkGluten-FreeAllergy - Specify #3 Name:Title:	*Additional Representativ	/ es: \$125.00 each* Payment	of this fee covers meals, breaks and activit	ties.
Phone:Email Address: Dietary/Medical Restrictions:VegetarianNo PorkGluten-FreeAllergy - Specify #3 Name:Title:	#2 Name:		Title:	
#3 Name:Title:	Dietary/Medical Restriction	ons:		
	Vegetarian	No PorkGluter	ı-FreeAllergy - Specify	_
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VegetarianNo PorkGluten-Free Allergy - Specify	_			



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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:
VegetarianNo PorkGluten-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

