

2025 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:*

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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 – Fall Conference 2025**

**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 to register: October 14, 2025**

