

<b>Office use only</b>	Booth Number(s) _____
Date Received _____	Number of Booths _____

**Michigan AEYC Early Childhood Conference**

**March 25–27, 2010**

**Reservation Form – Commercial Exhibits**

Please complete and return this form, with appropriate fee and signature\*, to:

2010 Michigan AEYC Early Childhood Conference  
 Laurie Nickson, Conference Coordinator  
 4572 S. Hagadorn Road, Suite 1-D  
 East Lansing, Michigan 48823-5385

Exhibitor fees:	Postmarked by February 26, 2010:	\$450.00 for 1st booth \$300.00 for each additional booth
	Postmarked after by February 26, 2010:	\$550.00 for 1st booth \$325.00 for each additional booth

<b>Booths Requested:</b>	_____ 1 _____	Booth at \$450/\$550	_____
	_____	Additional booths x \$300/\$325	_____
	_____	Booth I.D. sign/\$8.00 (optional)	_____
<b>Total # of Booths</b>	_____	<b>TOTAL FEE:</b>	_____

**Checks payable to: MiAEYC** (fee must accompany form and is non-refundable)

Company Name \_\_\_\_\_

Company Website \_\_\_\_\_

Company Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

**\*On behalf of my company, I accept the MiAEYC Conference Exhibit Policies.**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Representative(s)	Name _____	Phone ( ) _____
attending:	Name _____	Phone ( ) _____
	Name _____	Phone ( ) _____
	Name _____	Phone ( ) _____

Description of product(s) to be displayed/sold \_\_\_\_\_

\_\_\_\_\_

Special needs for exhibit space \_\_\_\_\_

Comments \_\_\_\_\_