

Office use only	Booth Number(s) _____
Date Received _____	Number of Booths _____

Michigan AEYC Early Childhood Conference **March 25–27, 2010**
Exhibit Reservation Form for Non-profit Organizations

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

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

Exhibitor fees:	Postmarked by February 26, 2010:	\$325.00 for 1st booth \$225.00 for each additional booth
	Postmarked after February 26, 2010:	\$425.00 for 1st booth \$325.00 for each additional booth

Booths Requested:	__ 1 __	Booth at \$325/\$425	_____
	_____	Additional booths x \$225/\$325 each	_____
	_____	Booth I.D. sign/\$8.00 (optional)	_____
Total # of Booths	_____	TOTAL FEE:	_____

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 _____