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 – Credit Card Payment

Please complete and return this form, with appropriate credit card information and signature*, by:

Email (lnickson@miaeyc.org) **or** **Fax** (517-336-9790)

Exhibitor fees:	Received by February 26, 2010:	$325.00 for 1st booth $225.00 for each additional booth
	Received after by 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	_____
	_____	Booth I.D. sign/$8.00 (optional)	_____
Total # of Booths	_____	**TOTAL FEE:**	_____

Credit Card Payment Information

__ Discover __ MasterCard __ Visa Account # __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Expiration Date ___/___ (Month/Year) CVV Code __ __ __

Name of Cardholder (print) _____

Signature of Cardholder _____

Cardholder billing address Street_____ State ___ Zip _____

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) attending:
Name _____ Phone (____)_____
Name _____ Phone (____)_____
Name _____ Phone (____)_____
Name _____ Phone (____)_____

Description of product(s) to be displayed/sold _____

Special needs for exhibit space _____

Comments _____