



CORRECTIONAL HEALTH DIVISION CONFERENCE

EXHIBITOR DATE: October 9, 2019

Arrowwood Resort
Alexandria, MN

EXHIBITOR REGISTRATION FORM

COMPANY NAME: _____

CONTACT PERSON: _____
FIRST LAST

BRIEF DESCRIPTION OF PRODUCT/SERVICES: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

NAMES OF THOSE ATTENDING: (PLEASE PRINT CLEARLY) – 2 representatives included – 3rd & 4th are \$25

SPECIAL REQUESTS (NOT GUARANTEED): _____

LIST YOUR PRIMARY COMPETITORS (TO BE USED FOR PLACEMENT PURPOSES): _____

PAYMENT INFORMATION: Make checks out to MSA

EXHIBIT FEES:

1 – 6' TABLETOP DISPLAY @ \$150.00 (Before or on Sept.15, 2019)	\$ _____
1 – 6' TABLETOP DISPLAY @ \$175.00 (After September 15, 2019)	\$ _____
1 – 6' TABLETOP DISPLAY @ \$125.00 (Non-Profit Rate before Sept. 15, 2019)	\$ _____
1 – 6' TABLETOP DISPLAY @ \$150.00 (Non-Profit Rate after September 15, 2019)	\$ _____
ADDITIONAL STAFF: \$25	\$ _____

ELECTRICITY NEEDED: YES _____ NO _____

SPONSORSHIP OPPORTUNITIES:

Platinum \$750 Gold \$500 Silver \$250
(Platinum & Gold includes Exhibit Fees) \$ _____

TOTAL AMOUNT ENCLOSED: \$ _____

MSA Policy firmly restricts representatives or organizations who have not been assigned an official exhibit space from soliciting business and/or from distributing promotional materials.

RETURN FORM TO:

MINNESOTA SHERIFFS' ASSOCIATION
100 EMPIRE DRIVE, SUITE 222, ST. PAUL, MN 55103
PHONE: (651) 451-7216 FAX: (651) 451-8087

ONLINE REGISTRATION AVAILABLE AT WWW.MNSHERIFFS.ORG