

# SUPPLIER REGISTRATION



## ANNUAL 2010 UMMA/UMSA PARTNERSHIP CONFERENCE

Plan now to attend one of the most important events in the marine industry. Exhibit space will be approximately 10' x 10' and will include a draped table and chairs. Additional space may be available after all registrations are received. Conference expenses are based on actual costs, and your contract price will be all inclusive for one attendee. Please remit full payment as reflected below.

Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Conference fee includes booth space plus 1 night accommodation, meals and entertainment for one person. Additional rooms are available at \$125 per room, per night. Meals and entertainment for additional attendees will be \$75 per person.

- 1) All inclusive conference costs for one attendee: (See Participation Agreement for amt.) \$ \_\_\_\_\_
- 2) Additional room charges (1 night included in conference costs): # nights hotel stay x \$125: \$ \_\_\_\_\_ +
- 3) Additional attendee costs (meals, etc.): # of additional attendees x \$75: ..... \$ \_\_\_\_\_ +
- 4) Total Conference Cost: ..... \$ \_\_\_\_\_
- 5) Less Prepaid Deposit: ..... \$ - \_\_\_\_\_
- 6) Total Balance Due and Payable No Later Than December 1, 2010: ..... \$ \_\_\_\_\_

Please Check if you need Electricity at your Booth

<u>Attendee Name(s)</u>	<u>Room Type</u> <u>(Circle one)</u>	<u>Smkg/Non</u> <u>(Circle One)</u>	<u>(✓) If</u> <u>Sharing</u>	<u>Arrival</u> <u>Date</u>	<u>Departure</u> <u>Date</u>	<u># Nights</u> <u>Hotel Stay</u>
_____	King / Double	Smkg/Non	<input type="checkbox"/>	12 / ____	12 / ____	_____
E-mail: _____				Cell #: _____		
_____	King / Double	Smkg/Non	<input type="checkbox"/>	12 / ____	12 / ____	_____
E-mail: _____				Cell #: _____		
_____	King / Double	Smkg/Non	<input type="checkbox"/>	12 / ____	12 / ____	_____
E-mail: _____				Cell #: _____		
_____	King / Double	Smkg/Non	<input type="checkbox"/>	12 / ____	12 / ____	_____
E-mail: _____				Cell #: _____		

\*\* Please make note if you would like your name on your badge different than listed above\*\*

MAIL A COPY OF THIS FORM, A CHECK FOR THE TOTAL BALANCE DUE AND THE PARTICIPATION AGREEMENT TO: UMMA, 714 S. NATIONAL, SPRINGFIELD, MO 65804 NO LATER THAN DECEMBER 1, 2010. CALL (417) 869-9602 WITH QUESTIONS.