

# SUPPLIER REGISTRATION

## November 14-15, 2008



### 2008 UMMA/UMSA PARTNERSHIP CONFERENCE

Plan now to attend one of the most important events in the marine industry. Nearly 90 Builders and 120 Suppliers and Representatives will be in attendance. 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: \_\_\_\_\_

Conference fee includes booth space plus up to 2 nights accommodation, meals and entertainment for one person. Add'l rooms are available at \$130 per room, per night. Meals and entertainment for add'l attendees will be \$170 per person. This amount includes a reception/dinner Friday night, plus breakfast, lunch, reception/dinner on Saturday.

- 1) All inclusive conference costs for one attendee: (See E-mail Re: Participation Agreement for amt.) \$ \_\_\_\_\_
- 2) Additional room charges (up to 2 nights included in conference costs): # nights hotel stay x \$130: \$ \_\_\_\_\_ +
- 3) Additional attendee costs (meals, etc.): # of additional attendees x \$170: ..... \$ \_\_\_\_\_ +
- 4) Total Conference Cost: ..... \$ \_\_\_\_\_
- 5) Less Prepaid Deposit: ..... \$ \_\_\_\_\_ -
- 6) Total Balance Due and Payable No Later Than August 1, 2008: ..... \$ \_\_\_\_\_

Note: If you wish to depart Saturday, we ask that your flight depart no earlier than 5:30 p.m.

<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"/>	11 / ____	11 / ____	_____
E-mail: _____				Cell #: _____		
_____	King / Double	Smkg/Non	<input type="checkbox"/>	11 / ____	11 / ____	_____
E-mail: _____				Cell #: _____		
_____	King / Double	Smkg/Non	<input type="checkbox"/>	11 / ____	11 / ____	_____
E-mail: _____				Cell #: _____		
_____	King / Double	Smkg/Non	<input type="checkbox"/>	11 / ____	11 / ____	_____
E-mail: _____				Cell #: _____		

MAIL A COPY OF THIS FORM, A CHECK FOR THE TOTAL BALANCE DUE AND PAGE 3 OF THE PARTICIPATION AGREEMENT TO: UMMA, 714 S. NATIONAL, SPRINGFIELD, MO 65804 NO LATER THAN AUGUST 1, 2008. CALL (417) 869-9602 WITH QUESTIONS.