

# Non-Profit Exhibitors Request Form

Missouri Association of School Nurses

Annual Spring Conference

April 14 and 15, 2012

Name of Company/Agency: \_\_\_\_\_

Name of Individual Exhibiting: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Agency's Address: \_\_\_\_\_  
\_\_\_\_\_

Description of Exhibit: \_\_\_\_\_

\_\_\_\_\_ Yes, I need an electrical outlet.

I need \_\_\_\_\_ tables for my exhibit at \$75 each table. Total \$: \_\_\_\_\_

I would like to make the following meal reservations.

4/14 breakfast: \$7.99 x \_\_\_\_\_ persons. Total \$: \_\_\_\_\_

4/14 lunch: \$13.95 x \_\_\_\_\_ persons. Total \$: \_\_\_\_\_

4/15 breakfast: \$9.99 x \_\_\_\_\_ persons. Total \$: \_\_\_\_\_

\_\_\_\_\_ Yes, I would like to sponsor the afternoon conference break

at \$5.95/person x \_\_\_\_\_ persons. Total \$ \_\_\_\_\_.

\_\_\_\_\_ Yes, I would like to sponsor the lunch dessert trays at \$18/tray x \_\_\_\_\_ trays. Total \$ \_\_\_\_\_.

\_\_\_\_\_ Yes, I would like to donate \_\_\_\_\_ for a door prize.

**Total amount of enclosed check: \$ \_\_\_\_\_**

Please complete and return this form and check to cover above expenses by March 30th to:

Genie Drown, RN, BSN

2308 Ridgemont

Columbia, MO 65203-1542

Questions?? Please contact:

Sandy Van Aken, RN, BS

W: 573-458-0140 X: 14020 H: 573-368-4766

Email: [svanaken@rolla.k12.mo.us](mailto:svanaken@rolla.k12.mo.us)