Office use only	Booth Number(s)_____
Date Received _____	Number of Booths _____

Michigan AEYC Early Childhood Conference **March 29–31, 2012**

Reservation Form – Commercial Exhibits

Complete and return this form, with appropriate fee and signature*, to:

Checks payable to MiAEYC

2012 MiAEYC Early Childhood Conference – Exhibits
839 Centennial Way, Suite 200
Lansing, Michigan 48917-9277

Exhibitor fees:	Postmarked by February 29, 2012:	$400.00 for 1st booth $275.00 for each additional booth
	Postmarked after by February 29, 2012:	$500.00 for 1st booth $300.00 for each additional booth

Booths Requested:	1	Booth at $400/$500	_____
	_____	Additional booths x $275/$300	_____
	_____	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_____ City_____ State ___ Zip _____

Company Name _____

Company Website _____

Company Phone: Toll-free (__ __ __) __ __ __ - __ __ __ __ **Local** (__ __ __) __ __ __ - __ __ __ __

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 _____