

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

Michigan AEYC Early Childhood Conference

March 29–31, 2012

Reservation Form – Non-profit Organizations

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

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

Checks payable to MiAEYC

Non-profit Exhibitor fees:	Postmarked by February 29, 2012:	\$300.00 for 1st booth \$200.00 for each additional booth
	Postmarked after by February 29, 2012:	\$400.00 for 1st booth \$250.00 for each additional booth

Booths Requested: 1 Booth at \$300/\$400 _____
 _____ Additional booths x \$200/\$250 _____
 _____ Booth I.D. sign/\$8.00 (optional) _____

Total # of Booths _____ **TOTAL FEE:** _____

Credit Card Payment Information

<input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> 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) Name _____	Phone (____) ____ - ____
attending: Name _____	Phone (____) ____ - ____
Name _____	Phone (____) ____ - ____
Name _____	Phone (____) ____ - ____

Description of product(s) to be displayed/sold _____

Special needs for exhibit space/Comments _____