

Michigan Institute for Educational Management

24th Annual Support Staff Conference for Administrative Professionals

Exhibit Space Application for Thursday, November 18, 2010

YES, please reserve a table for my company at the 24th MIEM Support Staff Conference for Administrative Professionals on **Thursday, November 18 2010**. I understand that the cost for the first table is \$130.00 and **includes lunch**.



YES, I need _____ (# needed) additional table(s) at \$125.00 each.

YES, I need an electrical cord at \$15.00.

YES, I need an electrical outlet. (I will be supplying my own extension cord.)

YES, contact me about sponsoring an event. *Suggested Events:* Keynote(s), Lunch, Breaks. Sponsors will be listed in the conference registration brochure, on-site program, MIEM web page, and signs at the conference. Please indicate your interest in sponsoring an event by **September 15, 2010** so that we can list your sponsorship in the conference registration brochure.

YES, contact me about sponsoring a scholarship for this conference.

YES, our company would like to give a door prize. This is a great opportunity to provide a sample of your product or service. Please indicate below your interest in donating a door prize. Door prize contributors will be listed in the conference on-site program if you let me know by **September 30, 2010**. **Door prizes can be left at the MIEM registration desk on Thursday, November 18, 2010 which will be located in the Center Concourse of the Amway Grand Plaza.**

Please indicate the product(s) or service(s) your company will be exhibiting at the conference. This information is needed for exhibit placement.

Correspondence regarding the conference should be sent to:

Name _____

Title _____

Company _____

(Please list your company name as you wish it to appear in the conference program.)

Mailing Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

E-Mail _____

Signature

Check or Credit Card Information must be included to reserve your exhibit table.

TOTAL: \$ _____ *Make check payable to MIEM.*

Please charge my: VISA MasterCard

Card # _____

Expiration Date _____

Name on card

Signature on card

Please return this form by September 30, 2010, if you wish to be listed in the conference on-site program.

Diane Dick, CMP, CMS

Michigan Institute for Educational Management

1001 Centennial Way, Suite 300, Lansing, MI 48917-9279 **OR**

Fax: 517-327-0771 or Phone: 517-327-9261

✉ ddick@gomasa.org

<input type="checkbox"/> One (1) 8' table (includes lunch)	\$130
<input type="checkbox"/> Additional 8' table (s) @\$125 ea	
<input type="checkbox"/> Electrical Cord	\$15