

Michigan Institute for Educational Management

25th Annual Support Staff Conference for Administrative Professionals

Exhibit Space Application for Thursday, November 17, 2011

YES, please reserve a table for my company at the 25th MIEM Support Staff Conference for Administrative Professionals on **Thursday, November 17, 2011**. I understand that the cost for the first table is \$130.00 and **includes lunch**.

MIEM

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 on-site program, MIEM web page, and signs at the conference. Please indicate your interest in sponsoring an event by **October 23, 2011** so that we can list your sponsorship in the conference on-site program.



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 **October 23, 2011**. **Door prizes can be left at the MIEM registration desk on Thursday, November 17, 2011 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.

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

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

Correspondence regarding the conference should be sent to:

Please charge my: VISA MasterCard
Card # _____

Name _____

Expiration Date _____

Title _____

Name on card

Company _____

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

Signature on card

Mailing Address _____

Please return this form by October 23, 2011, if you wish to be listed in the conference on-site program.

City _____ State _____ Zip _____

Phone _____

Fax _____

E-Mail _____

Diane Dick, CMP, GMS

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

Signature _____

<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