



**COMPANY INFORMATION**

Company:		Main Contact:	
Address:			
City:	State:	Zip:	
Email:	Website:	Phone:	

**EXHIBITOR COST INCLUDES:**

6' Draped Table | Two Chairs | Attendee List | Directory Listing | Company Sign | Lunch  
 Fair and limited market share (limited space and marketing collateral for a single representative is limited to 10%)

Early Registration Rates Expire June 19, 2020! SMTA Corporate Members receive reduced rates!	SMTA Corporate Members	Non-Corporate Members	TOTAL: \$ _____
<b>One booth before June 19, 2020</b>	<input type="checkbox"/> \$375	<input type="checkbox"/> \$450	
<b>One booth after June 19, 2020</b>	<input type="checkbox"/> \$475	<input type="checkbox"/> \$550	
<b>Booth Electricity</b>	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	

**MARKETING/SPONSORSHIP OPPORTUNITIES**

<b>Onsite Event Guide:</b>	<input type="checkbox"/> \$125-\$200	<b>Sponsorships:</b>	<input type="checkbox"/> \$300-\$700
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**ONSITE EVENT GUIDE INFORMATION**

Please provide information **exactly** how you would like it printed in the Show Directory

Company Name:				
Address:		City:	State:	Zip:
Phone:	Email:		Website:	
Onsite Show Contact:			Title:	
Company Competitors to Avoid:				

**PRODUCT DESCRIPTION**

Please provide a 50-word or less product description for the onsite Event Guide. **\*Please note: this information can be included on a separate sheet or e-mailed to [courtney@smta.org](mailto:courtney@smta.org) (preferred).** Booth sharing will be addressed as follows: One company will get a full company listing. Additional companies will appear in the directory listed by company name and contact information, but no full product description.


**SHIPPING ADDRESS FOR PRE-SHOW INFORMATION (if different than above):**

Company Name:				
Address:		City:	State:	Zip:
Phone:	Email:		Website:	
Show Contact:			Title:	
Company Competitors to Avoid:				

<b>SHOW PERSONNEL</b> Please print badges for:	1.	2.
	3.	4.
	5.	6.

**PAYMENT INFORMATION**

<input type="checkbox"/> Charge Credit Card	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Check Enclosed for Entire Amount (made payable to the SMTA)
Card #:		Exp. Date:		CVV:
Cardholder Name:		Signature:		
Billing Address:			City, State, Zip:	

Please return completed application form to:  
 SMTA, 6600 City W. Pkwy., Suite 300, MN 55344  
 T: 952-920-7682 | F: 952-926-1819 | E: [courtney@smta.org](mailto:courtney@smta.org)