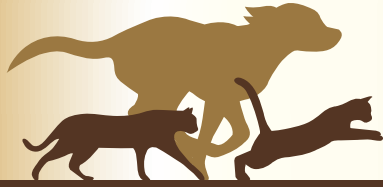


Getting to the Goal

Michigan's No Kill Conference



Presented by:
Michigan Pet Fund Alliance
September 4-5, 2014
Troy, Michigan

Exhibitor Registration

Simply fill out this form and e-mail to conference@michiganpetfund.org or mail to
Michigan Pet Fund Alliance 2210 Lancaster Bloomfield Hills, MI 48302

Name _____

Company/Organization _____

Address _____

City, State, Zip _____

Phone _____

Email _____

"Creating a no more homeless pets state"



Cost per 10- foot Booth Space: \$95

\$

Meal tickets \$50 x _____ (Qty)

Covers food and beverages for Thursday afternoon, Friday breakfast, lunch and breaks.

\$

Names of Attendees for meal tickets:

Scholarship Fund Donation (all amounts accepted)

\$

Check Enclosed (make checks payable to "MPFA")

Credit Card

Circle Type of Card: **Master Card** **Visa**

Name on Card _____

Card Number _____

Expiration Date _____

Total Payment

\$

Payment must accompany registration.

Cancellation Statement

Exhibitors unable to attend the conference must cancel reservations writing by mail or email by July 31, 2014 or they will be responsible for full payment.

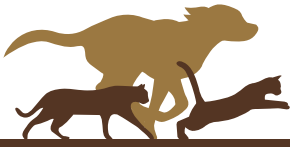
MPFA 2210 Lancaster Bloomfield Hills, MI 48302
or conference@michiganpetfund.org

Please complete the attached "Display Booth Form".

A confirmation notice, exhibitor area floor plan, and exact location of your display will be sent to you.

Each 10-foot booth space includes one 8-foot skirted table with chairs. Exhibitors provide their own display materials as needed.

Exhibitor Registration deadline is July 31, 2014. No refunds will be given after July 31, 2014.



Display Booth Form

Booth Space Requirements

- Need a skirted 8-foot table in the booth space (circle one) **YES** **NO**
- Number of folding chairs needed in booth space (circle one) **0 1 2 3 4**
- Need an electrical outlet (circle one) **YES** **NO**
(If YES, an electrical outlet will be available within 10 feet of your display space)

Special location considerations _____

Organization Information

All conference attendees will receive exhibitor information in their conference packets. Please provide the following information exactly as you would like it to appear.

Company/Organization Name _____

Company/Organization City/State _____

Contact Name _____

Contact Phone Number _____

Email address _____

Website address _____

Short Description _____

To register attendees to attend conference sessions please go to www.michiganpetfund.org

Return this form and your payment to:

Michigan Pet Fund Alliance
2210 Lancaster
Bloomfield Hills, MI 48302

877-FUR-PALS

