

Midwest Renaissance Conference

September 29 & 30, 2017

Embassy Suites Troy/Auburn Hills

850 Tower Dr., Troy, MI 48098

<http://www.detroittroy.embassysuites.com>

MACDL CONTRACT FOR EXHIBIT SPACE

“Exhibitor’s Extravaganza”

Exhibits ~ Saturday, September 30 ~ 11:00 a.m. to 1:00 p.m.

1. Company name: _____
Address: _____
City, State: _____ Zip: _____
Telephone Number: (_____) _____ FAX: (_____) _____

2. Contact Person: _____
Telephone Number: (_____) _____ FAX:(_____) _____
Email Address: _____

3. We **MUST** have the following information to send follow-up information. Please inform us of any changes prior to the meeting. Fee includes lunch for up to two attendees. Each additional attendee is \$25.

Attending Representative: _____ Title: _____
Address: _____
City, State: _____ Zip: _____
Phone Number: (_____) _____ Email: _____

Additional Attending Representative: _____ Title: _____
Address: _____
City, State: _____ Zip: _____

(list any additional attendees and same information on additional paper and attach)

4. List any exhibitors that you **DO NOT DESIRE** to be located near.

5. List any exhibitors that you **DO DESIRE** to be located near.

We wish to participate in the following:	Cost per	# ordered	Total \$:
One 6' draped table that includes:	\$450	_____	_____
Electrical Usage <i>(please order)</i>	N/C	_____	_____
Additional 6' draped table(s):	\$175	_____	_____
Gold Hospitality Sponsor		\$150	_____
Silver Hospitality Sponsor		\$125	_____
Bronze Hospitality Sponsor		\$100	_____
	Total Amount		_____

Door Prize Item of your choice _____

Make check payable to “MACDL” or

Credit Card (Visa/Master Card) # _____ / _____ / _____ / _____ expiration date: ____/____

CVV Code (3 digit code on signature strip) _____

CC Billing Address: _____ Zip Code: _____

Name (print): _____ Signature: _____

FAX: 586-469-1147

email: irene@macdl.org

mail to: MACDL Executive Office, 22800 Stair Dr., Clinton Twp., MI 48036