

**MEMSPA**   
 The Principal is the Key  
 MICHIGAN ELEMENTARY AND MIDDLE SCHOOL PRINCIPALS ASSOCIATION

**2017 MEMSPA State  
 Conference & Exhibition**  
 Grand Traverse Resort  
 December 7, 2017

# APPLICATION AND CONTRACT FOR EXHIBIT SPACE

Mail Application and Payment by to:

**MEMSPA Exhibits**

1980 N. College Road, Mason, MI 48854

Phone: 800.227.0824; FAX: 517.694.8945

Email: [annette@memspa.org](mailto:annette@memspa.org)

Exhibiting Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: State/Zip: \_\_\_\_\_

**Email:** \_\_\_\_\_

**(REQUIRED – all confirming communications will be sent to this email address)**

Website Address \_\_\_\_\_

**Brief description of product/service to be exhibited:**

**CANCELLATION/REFUND:**  
 Cancellations must be emailed to [annette@memspa.org](mailto:annette@memspa.org). A \$90.00 fee will be retained. No refunds will be made for cancellations received AFTER October 31, 2017.

**Exhibitor agrees to abide by all exhibit terms, conditions, and regulations set forth on the exhibitor information sheet.**

Exhibitor Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Prize being donated for the conference attendee drawings:**

# of \_\_\_\_\_ Booths @ \$450 = \$ \_\_\_\_\_  
*(Registration must be received by 9-30-17)  
 No Exceptions*

# of \_\_\_\_\_ Booths @ \$500 = \$ \_\_\_\_\_  
*(\$600.00 if received after 10-31-17)  
 No Exceptions*

Electrical service fee \$ \_\_\_\_\_ (See  
*Electrical Request Form)*

Sponsorship Opportunities  
*(see details attached here)*

A  B  C  D  E  F  G   
 H  J  K  L  M  N  O

Sponsorship fee \$ \_\_\_\_\_

**GRAND TOTAL** \$ \_\_\_\_\_

*\*\*\* If you require the use of an electrical outlet, you must pay MEMSPA in advance. Please use the electrical form included in your packet.*

*Proper amount of payment for all services must be received before your application will be processed.*

Amount \$ \_\_\_\_\_  
*(Full payment must accompany application)*

Check (Payable to MEMSPA)

Credit Card:

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Complete Billing Address: \_\_\_\_\_

MEMSPA Use Only: Date Rec'd: \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_ Booth # \_\_\_\_\_