



Minnesota Medical Association Exhibitor Application

2012 ANNUAL MEETING

September 14–15 • Minneapolis Marriott City Center

Organization name (as it will appear in our program)

Parent Organization (if applicable)

Contact name (receives all correspondence)

Other conference attendee, first and last name

Other conference attendee, first and last name

Street address

City, state, zip

Phone Fax

E-mail

Will you need electricity? yes / no
(Complete the [Exhibitor Utility Charge Schedule](#))

Will you need internet service? yes / no
(Complete the [Exhibitor Audiovisual Request Form](#))

If applicable, list organizations that you wish to be located near, or not near, your booth.

Near

Not Near

Check if interested in:

- Minnesota Medicine Subscription – Free**
- Website Ad (see sponsorship levels for discounts)**

MMA Staff Use Only	
Date Received	_____
Date Paid	_____
Booth #Assigned	_____
MN Med Subscription	_____
Discount Web ad	_____
Logo Attached or sent	_____

Sponsorship Level (circle one):

Diamond	\$5,000
Platinum	\$3,500
Gold	\$2,000
Silver	\$1,000
Non Exempt Tax ID: _____	

Meal tickets

	# tickets	Total Cost
President's Inaugural (\$55 each) (September 14)		
Luncheon (\$40 each) (September 15)		
Total		

Payment

Full payment, or request for payment arrangements, must be received by July 27, 2012 for booths to be assigned. Booths will be assigned one month prior to event.

Online Registration

Visit [Annual Meeting Exhibitor Application](#) and pay by credit card.

By Credit Card

Name on Card: _____

- M/C Visa Disc. AmEx

Card Number: _____

Exp.: _____ 3-digit code: _____

By Check

Print and mail this form with payment to:

MMA Annual Meeting
Attn: Tara Stone
1300 Godward St. NE
Suite 2500
Minneapolis, MN 55413

Rules

The exhibitor agrees to abide by all rules, regulations and restrictions outlined in this prospectus.