



Minnesota Association of Public Accountants 2011 Exhibitor Space Contract

Date	Event	Location	Booth Space	Adt'l Table	Adt'l Exhibitor	Electricity
June 1-2	GU Accounting	Ramada Mall of Am, Blmgtm	<input type="checkbox"/> \$200	<input type="checkbox"/> ___ @ \$75	<input type="checkbox"/> ___ @ \$50	<input type="checkbox"/> ___ @ \$30
Representative(s) Attending: _____					Total Cost: \$ _____	
June 9	GU Mid-year Tax	Ramada Mall of Am, Blmgtm	<input type="checkbox"/> \$200	<input type="checkbox"/> ___ @ \$75	<input type="checkbox"/> ___ @ \$50	<input type="checkbox"/> ___ @ \$30
Representative(s) Attending: _____					Total Cost: \$ _____	
July 20-21	GU Estates & Trusts	Ramada Mall of Am, Blmgtm	<input type="checkbox"/> \$200	<input type="checkbox"/> ___ @ \$75	<input type="checkbox"/> ___ @ \$50	<input type="checkbox"/> ___ @ \$30
Representative(s) Attending: _____					Total Cost: \$ _____	
Sept. 21-22	GU Business Entities	Ramada Mall of Am, Blmgtm	<input type="checkbox"/> \$200	<input type="checkbox"/> ___ @ \$75	<input type="checkbox"/> ___ @ \$50	<input type="checkbox"/> ___ @ \$30
Representative(s) Attending: _____					Total Cost: \$ _____	
Nov. 1-2	Gear Up 1040	Ramada Mall of Am, Blmgtm	<input type="checkbox"/> \$200	<input type="checkbox"/> ___ @ \$75	<input type="checkbox"/> ___ @ \$50	<input type="checkbox"/> ___ @ \$30
Representative(s) Attending: _____					Total Cost: \$ _____	
Nov. 8-9	Gear Up 1040	Holiday Inn, St. Cloud	<input type="checkbox"/> \$200	<input type="checkbox"/> ___ @ \$75	<input type="checkbox"/> ___ @ \$50	<input type="checkbox"/> ___ @ \$30
Representative(s) Attending: _____					Total Cost: \$ _____	
Dec. 7-8	Gear Up 1040	Ramada Mall of Am, Blmgtm	<input type="checkbox"/> \$200	<input type="checkbox"/> ___ @ \$75	<input type="checkbox"/> ___ @ \$50	<input type="checkbox"/> ___ @ \$30
Representative(s) Attending: _____					Total Cost: \$ _____	
Jan. 4-5, 2012	Gear Up 1040	Ramada Mall of Am, Blmgtm	<input type="checkbox"/> \$200	<input type="checkbox"/> ___ @ \$75	<input type="checkbox"/> ___ @ \$50	<input type="checkbox"/> ___ @ \$30
Representative(s) Attending: _____					Total Cost: \$ _____	

*Exhibit fees include lunch and refreshments for one exhibitor. Additional exhibitor cost is noted above.

Total Exhibitor Costs: \$ _____

ALL FIELDS ARE REQUIRED

Contact Person: _____ Company: _____

Address: _____

City _____ State: _____ Zip: _____

Phone: _____ Email: _____

Additional Exhibitor: _____ Event: _____

Exhibit confirmation will be sent to the email address noted above.

Payment Information:

ALL FIELDS ARE REQUIRED

Enclosed is \$_____ in payment of MAPA exhibit fees as indicated above. Make check payable to "MAPA."

Please charge my: Visa Master Card \$_____ in payment of MAPA exhibit fees as indicated above.

Card # _____ 3 Digit code _____ Expiration Date _____

Card Holder's Name _____ Signature _____

Card Holder's Address: Same as above

Address: _____ City _____ State: _____ Zip: _____

**MAIL TO:
MAPA**

1000 Westgate Drive, Suite 252
St. Paul, MN 55114
P: 651-265-7842 • F: 651-290-2266
www.mapa-mn.com

Please do not email credit card information. Fax or mail your registration form to protect this information.

Cancellation Policy: Companies providing written cancellation notice, received a minimum of 2 weeks prior to the event, will receive a full refund less a \$25 administrative charge. Cancellations within 2 weeks of the event date are non-refundable. Notices of cancellation must be faxed to the MAPA office at 651-290-2266. No shows will be billed.

(For office use only)

initials	fin.
date	
CK/CC	
amt. paid	
bal. due	