

## Conference Exhibitor Registration Form

Company Name: \_\_\_\_\_

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

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Select Exhibitor Level:**

- Champion Level**   
  **Advocate Level**   
  **Ambassador Level**   
  **Partner Level**   
  **Ally Level**  
 \$5,000.<sup>00</sup> donation   
 \$2,500.<sup>00</sup> donation   
 \$1,000.<sup>00</sup> donation   
 \$500.<sup>00</sup> donation   
 \$350.<sup>00</sup> donation

Total Amount Included:  
\$ \_\_\_\_\_



PIE Member Benefits Annual Donations	Champion \$5,000 donation	Advocate \$2,500 donation	Ambassador \$1,000 donation	Partner \$500 donation	Ally \$350 donation
MCRSP State and Regional Conference Recognition	4 Conferences	2 Conferences	1 Conference	1 Conference	1 Conference
MCRSP State and Regional Conference Vendor Booth	4 Conferences	2 Conferences	1 Conference	1 Conference	1 Conference
MCRSP State and Regional Conference "Free Registration"	2 People/4 Conf.	1 Person/2 Conf.	1 Person/1 Conf.	1 Person/1 Conf.	1 Person/1 Conf.
PIE Member Certificate	X	X	X	X	X
Welcome Bag Inserts (must provide 200 items 2 weeks prior to conference)	X	X	X	X	
Name Recognition on MCRSP website	X	X	X		
Name Recognition in MCRSP Lifeline (newsletter)	X	X	X		
Post-Conference Name Recognition in MCRSP Lifeline (newsletter)	X	X			
List of Attendees at 4 Conferences and Their Mailing Addresses	X				
Name Recognition in Program Materials	X				

\*Email logo to [christa@mcrsp.org](mailto:christa@mcrsp.org)

\*\*Inserts **MUST** be received at MCRSP office 2 weeks prior to the conference date

\*\*\*Print how you would like your company name listed on MCRSP website and Newsletter: \_\_\_\_\_

Mail payment to:  
MCRSP

Attn: Conference Exhibitor  
1305 Southwest Blvd., Suite D  
Jefferson City, MO 65109

*Thank you for your donation!*