

MISSOURI EXPO™

MEETINGS & EVENTS

www.MissouriMeetingsAndEvents.com

PLANNER REGISTRATION FORM

020612

May 21-22, 2012 • DoubleTree Hotel & Conference Center - Chesterfield

Experience TWO days of valuable networking, education, food, entertainment, great prizes and all your resources in one place! Also earn credit hours and CEUs while learning from the industry's best!

YES! I am interested in participating in the MEET Business Exchange, a networking session being held on Monday evening, May 21, 2012.

If yes, please list six categories or names of companies you would like to meet with (i.e. caterers, venues, entertainment, accommodations etc.) _____, _____, _____, _____, _____, _____

Please complete all fields (please print):

Firm/Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Web Site: _____

Contact/Attendee Name(first/last): _____ Title: _____

E-mail Address: _____

Attendee Name: _____ Title: _____

E-mail Address: _____

Attendee Name: _____ Title: _____

E-mail Address: _____

NUMBER OF ATTENDEES: _____

(Please check one)

Monday ONLY **\$60**
Includes education, MEET Business Exchange, planner receptions and food and beverages.

Tuesday ONLY **\$85**
Includes education, supplier tradeshow, seated luncheon, closing reception and eligibility for grand prize.

BEST VALUE! Two-Day Pass **\$110**
Monday AND Tuesday, all-inclusive!

Complimentary Parking Both Days!

Get
Multi-Day
BUDGET
Pricing!

With my attendance at this event, I acknowledge that I and/or my company's products and employees may be included in publicity photos and/or video for Missouri Meetings & Events Magazine, its Web site and future promotional materials. I hereby give my consent to the event's producers to use any such photos, video and/or comments. **AUTHORIZED SIGNATURE:** _____

PAYMENT: (Please check one)

Charge my credit card: _____ Visa _____ MasterCard _____ AmEx _____ Discover

Card #: _____ 3 Digit Security Code _____ Expiration Date: _____

Cardholder's Name (Print): _____ **Authorized Signature:** _____

(A charge from Publishing Concepts LLC will appear on your credit card statement)

I have included a check. Make checks payable to **Missouri Meetings & Events**. Send payment with completed registration form. Confirmation will be sent to you prior to the show. (Do you know of other people interested in attending? Please forward this PDF or make photocopies of this form for additional planners wishing to attend.)

Mail or fax to: Missouri Meetings & Events, 6590 Scanlan Avenue, St. Louis, MO 63139

Phone: St. Louis (314) 781-8880 • Fax: (314) 781-8848

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