



MARYLAND
**SCHOOL
 NUTRITION
 ASSOCIATION**

Making the right food choices, together.

2010-2011 Industry Opportunities

New! You have the option of paying by credit card this year. You may also pay by check, made payable to MSNA.

Please send payment and your completed Industry Opportunities form to: MSNA Exhibitor Registration, 10013 Herding Row, Columbia, MD 21046.

Tell Us About Your Company

(staple a business card in this space or fill in the information requested below)

Firm Name: _____

Contact Person: _____

Address: _____

Office Phone: _____ Mobile Phone: _____ Fax: _____

Email Address (required): _____

Become a Sustaining Industry Member

Check this box if you would like to be an MSNA Sustaining Industry Member from July 1, 2010-June 30, 2011. Fee: \$100

Total for Section 1 : _____

Advertise in our Publications

Please circle the package of your choice and fill in the total amount on the 'total for Section 2' line below.

Advertising Packages	Sustaining Industry Member Rate				Non- Member Rate			
	Early Bird (before Aug 1)		Regular (after Aug 1)		Early Bird (before Aug 1)		Regular (after Aug 1)	
	Full Page	Half Page	Full Page	Half Page	Full Page	Half Page	Full Page	Half Page
Complete Package Includes 4 issues <i>Serving Spoon</i> and Convention Program	\$585	\$360	\$618	\$380	\$618	\$380	\$650	\$400
Serving Spoon Package Includes 4 issues <i>Serving Spoon</i>	\$495	\$288	\$523	\$304	\$523	\$304	\$550	\$320
Convention Program Only	\$117	\$72	\$124	\$76	\$124	\$76	\$130	\$80

Deadlines for submitting artwork for each publication are included in the Advertising Info 2010 letter that accompanies this form. We are not able to offer refunds/credit to advertisers who are unable to meet artwork deadlines.

Total for Section 2 : _____

Reserve Exhibit Space for the 2010 State Convention:

Please reserve _____ (quantity) High Traffic booth(s) and/or _____ (quantity) In-Line booths for our use at the convention.

List booth number preference below (See Exhibit Hall map on *Application & Contract for Exhibit Space*). MSNA will attempt to satisfy all booth requests, but there is no guarantee that requests will be fulfilled. Booth assignments can be confirmed October 1, 2010.

First Choice: _____ Second Choice: _____ Third Choice: _____

Fourth Choice: _____ Fifth Choice: _____ Sixth Choice: _____

Please list all companies to be represented: _____

Product/Service to be exhibited: _____

Competitors from whom we desire booth separation: _____

Description of what you will exhibit (*see section F in Rules, Regulations & General Information*) _____

Program Information: Please print clearly the name and phone number you would like listed in Convention Program Exhibitor Directory:

Contact Name _____

Phone Number _____

We do hereby make application to lease the exhibit space listed above and understand that this application is pursuant and subject to the terms and conditions governing exhibitors, as shown on pages 1-2 of the Application & Contract for Exhibit Space. We understand that booth choices are not guaranteed; however, best efforts will be made to accommodate choices. Space availability is subject to plumbing and electrical connections.

Authorized Signature: _____

2010 Booth Fees:

Booth Type	Before June 30, 2010	After June 30, 2010
High Traffic Booth	\$750	\$950
In-Line Booth	\$650	\$850

2010-2011 Sustaining Industry Members may deduct \$50 from the price of their first booth. Brokers may claim one credit for their membership and one credit for each **member** manufacturer for whom the broker is purchasing a booth(s).

LINE 1 Total Number of High Traffic Booths _____ x Cost per Booth = _____

LINE 2 Total Number of In-Line Booths _____ x Cost per Booth = _____

LINE 3 Sustaining Industry Member Credit _____ Brokers: list below the names of each manufacturer for whom you request credit:

Total for Section 3 (add lines 1 and 2, then subtract line 3, if applicable): _____

Payment Please write in the amount due from each section, then total all 3 sections to find your total due.

Section 1 _____ + Section 2 _____ + Section 3 _____ = **Total Due:** _____

Payment method (check one) Check Discover Master Card Visa

Card Number Exp. Date month year

Security Code Signature _____

Print Name as it appears on credit card _____ Billing Zip Code