



MARYLAND  
**SCHOOL  
 NUTRITION  
 ASSOCIATION**

*Making the right food choices, together.*

## 2009-2010 Industry Opportunities

### 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, 2009-June 30, 2010. 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
<b>Complete Package</b> Includes 4 issues <i>Serving Spoon</i> and Convention Program	\$585	\$360	\$618	\$380	\$618	\$380	\$650	\$400
<b>Serving Spoon Package</b> Includes 4 issues <i>Serving Spoon</i>	\$495	\$288	\$523	\$304	\$523	\$304	\$550	\$320
<b>Convention Program Only</b>	\$117	\$72	\$124	\$76	\$124	\$76	\$130	\$80

Total for Section 2 : \_\_\_\_\_

*(continued on reverse)*

## Reserve Exhibit Space for the 2009 State Convention:

Please reserve \_\_\_\_\_ (quantity) booth(s) for our use at the convention.

First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_ Third Choice: \_\_\_\_\_

Fourth Choice: \_\_\_\_\_ Fifth Choice: \_\_\_\_\_ Sixth Choice: \_\_\_\_\_

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, 2009.

Please list all companies to be represented: \_\_\_\_\_

Product/Service to be exhibited: \_\_\_\_\_

Competitors from whom we desire booth separation: \_\_\_\_\_

Name badges (5 per booth): \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Contact Information for Exhibits (if different from contact person listed on page 1): \_\_\_\_\_

Please print clearly the Contact Name \_\_\_\_\_

and Phone Number \_\_\_\_\_ you would like to list in the Convention Program Exhibitor Directory.

*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: \_\_\_\_\_

Total Number of Booths \_\_\_\_\_ x Cost per Booth\* \_\_\_\_\_ = **Total for Section 3: \_\_\_\_\_**  
\*see *Application & Contract for Exhibit Space*, page 1 for booth fees

## Donate to MSNA's Scholarship Fund

Check this box if you would like to donate toward the cost of sending an MSNA member to SNA's Annual National Convention.  
Write the amount you'd like to contribute on the line below.

**Total for Section 4: \_\_\_\_\_**

## Payment

*Please write in the amount due from each section, then total all 4 sections to find your total due.*

Section 1 \_\_\_\_\_ + Section 2 \_\_\_\_\_ + Section 3 \_\_\_\_\_ + Section 4 \_\_\_\_\_ =

**Total Due: \_\_\_\_\_**

Please make your check payable to MSNA and mail to: Barbara Harral, MSNA Industry Chair, Food and Nutrition Services, Montgomery County PS, 16644 Crabbs Branch Way, Rockville, MD 20855

CONTRACT ACCEPTANCE - DO NOT FILL IN... FOR SHOW MANAGERS ONLY

Current Member  Non-Member  Renewal needed prior to show

Total Space Cost: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Balance: \_\_\_\_\_

Space Assigned: \_\_\_\_\_