

MANA 2016 Application

General Information

Name of Business: _____

Detailed Product Description: _____

Contact person: _____ Address: _____

City: _____ State: _____ Country: _____ Postal/Zip Code: _____

Telephone: _____ Email: _____

On-site representative contact information (if different from above): Name/s: _____

Cell phone: _____ Email: _____

Tax ID # (for those selling items at an exhibit) _____

Exhibitor is responsible for all applicable taxes on sold items.

Preferred website URL (for inclusion on conference website): _____

Sponsorship Level and Opportunity (insert amount and description): _____

Exhibiting

- Commercial/Large Company (more than \$50,000 net annual income) \$775
- Non-Profit/Small Company (less than \$50,000 net annual income) \$550
 - Discount for MANA 2015 returning Commercial/Large Company or Non-Profit/Small Company exhibitors. - \$50
- Not-For-Profit Midwifery School Discounted Rate (No additional discounts apply.) \$425
- Allied Midwifery Organization or State Midwifery Association Discounted Rate (No additional discounts apply.) \$300
- Second table (additional registration not included, table only), additional \$400

Special Requests (check all that apply):

- Electrical power, simple support package rate. \$50
- I will be departing early on Sunday (before 5 pm breakdown time). Note time: _____
- Other (describe) _____

Advertising in the Conference Program

- Half page, black & white (4.5" high x 7.5" wide) \$150
- Full page ad for exhibitors (special), black & white (10" high x 7.5" wide) \$250
- Full page ad for non-exhibitors, black & white (10" high x 7.5" wide) \$300

Registration Packet Space (please refer to Shipping Instructions to send to hotel)

	Exhibitor/Discount	Non-Exhibitor/Non-Profit	Non-Exhibitor/Commercial
One flyer or pamphlet (single page, max 8.5"x11")	<input type="checkbox"/> \$50	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250
Product sample, catalog, booklet, brochure	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350

Add shipping fees of \$10 per box for each box weighing 0.1 - 10 lbs. Shipping fees \$10 per box _____

Refer to Hilton Atlanta Package Shipping Instructions for costs on boxes over 10lbs.

Raffle

- Raffle donation for MANA raffle, Description and Value: _____
(MANA requests that the shipper cover the handling fees with the hotel or deliver the item in person. Thank you.)

Total Payment Enclosed (and all appropriate boxes checked above) \$ _____

Make check or money order payable to "MANA" in US funds or fill out the following Credit Card info

Card# _____ Exp. date _____ Card type: VISA MC AmEx

Name on credit card: _____ Postal code related to credit card: _____

Verification code: _____ Signature _____

Send completed application and payment before September 23, 2016 to:

Via USPS: Camille Abbe, 7 Maple Street, Maynard, MA 01754

Via PDF: exhibits@mana.org

Via Fax: 201-740-0909