

MISSOURI Life Sciences Week 2009

VENDOR SHOW Wednesday, April 15, 2009

APPLICATION

Space assigned on first-come, first-served basis. Tables fill quickly – reserve your space now!

The Missouri Life Sciences Week 2009 Vendor Show will be held on **Wednesday, April 15, 2009, from 10:00 a.m. to 3:00 p.m.** in the **Bond Life Sciences Center at MU**, concurrently with the Life Sciences Week Research Poster Session. **We invite you to join us!**

Company: _____

Primary Contact: _____

Daytime Phone: _____
(with area code)

Fax: _____
(with area code)

E-mail: _____

Company web address: _____

Please list additional representatives who will attend the Life Sciences Week 2009 Vendor Show:

Do you need electricity? Yes No **Wifi?** Yes No **Do you have a large table-top display unit?** Yes No

If you have any other special requests, please explain: _____

TABLE OPTIONS (please check box to indicate your choice)

- 1 table (\$375) Includes:
- One Life Sciences Week t-shirt (indicate size request here): S M L XL XXL XXXL
 - One box lunch (choose one/additional lunches can be ordered below @ \$7.50 each):
 - Roast beef sandwich Turkey sandwich Ham sandwich Vegetarian salad

- 2 tables (\$600) Includes:
- Two Life Sciences Week t-shirts (indicate size requests here):
 - Shirt one: S M L XL XXL XXXL
 - Shirt two: S M L XL XXL XXXL
 - Two box lunches (choose two/additional lunches can be ordered below @ \$7.50 each):
 - Lunch one: Roast beef sandwich Turkey sandwich Ham sandwich Vegetarian salad
 - Lunch two: Roast beef sandwich Turkey sandwich Ham sandwich Vegetarian salad

ADDITIONAL BOX LUNCH ORDERS (\$7.50 each/indicate quantity in space provided)

_____ Roast beef sandwich _____ Turkey sandwich _____ Ham sandwich _____ Vegetarian salad

AMOUNT DUE

Table fee (\$375 or \$600, depending on choice above)..... _____
Extra meals at \$7.50 each..... _____
TOTAL AMOUNT DUE..... _____

PAYMENT OPTIONS

- Please charge my credit card** (select card — sorry, no AmEx):
- VISA Mastercard Discover Expiration Date _____
- Card number: _____
- Expiration date: _____
- Signature: _____

- Payment by personal or company check:**
- Checks payable to the University of Missouri
 - Mail check with completed form to:
Ginny Booker • 105 Bond Life Sciences Center
University of Missouri • Columbia, MO 65211-7310
- I would like to donate a gift certificate, product or promotional item for use as a door prize.

FAX this form: (573) 884-9395, attn: Ginny Booker

QUESTIONS?