

RAM/SWANA 2016 CONFERENCE
21st Annual Meeting/Dinner & Pre- Conference
October 5th - DAY 1 Exhibit Registration Form

Exhibit Fee for Pre- Conference \$250.00 October 5, 2016 Includes:

- 6' Table top set-up / booth sign, in training session room
- Registration for one person only (includes lunch and breaks)
- Set up: 7:00 a.m.

Exhibit Fee for Annual Meeting & Dinner- \$150. October 5, 2016 Includes:

- 8' by 8' exhibit space with 8' skirted table
- Registration and dinner for one person staffing the booth
- Set up: 2:30pm – 4:00pm; Take down: 8:00pm

REGISTRATION & PAYMENT INFORMATION

Company/Organization Name: _____
 (List as you would like it to appear on booth sign)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Booth Staff Person Name: _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Additional Booth Staff Name(s) (please list as you would like it to appear on a nametag):

Additional Staff Email Address(s) (required for registration):

PRE-CONFERENCE SESSION EXHIBIT FEE:

\$ 250.00 Exhibit in Session Room Fee _____
 (Includes registration for one person staffing booth and attending sessions/lunch)

ANNUAL MEETING & DINNER EXHIBIT FEES:

\$150.00 Annual Meeting & Dinner Exhibit Fee _____
 (Includes registration for one person staffing booth only)

A. Total Exhibit Fees: _____

DISCOUNTS (1 pre-conference booth only):
 Take \$30 from subtotal if you make payment by August 1, 2016. **B. Discount (A) (\$30):** (_____)

C. Total Exhibit Booth Cost: _____

NEW RAM MEMBERSHIP: Each paid membership covers one person

- \$400.00 for large business (100+ employees)
- \$300.00 for medium business (50-99 employees)
- \$200.00 for small business (1-49 employees)
- \$60.00 for School (covers one person)
- \$150.00 for government
- \$120.00 for non-profit
- \$75.00 for Individual
- \$40.00 for Student

Please write the name and email of the person who will hold the membership:

D. RAM Membership: _____

RAM/SWANA ANNUAL MEETING:

- \$65.00 Current RAM Members
- \$75.00 Non-Member Meeting

E. Annual. Meeting Registration Fees:

- \$0 (no cost) Current SWANA Member

Please write the names of those attending the annual dinner: _____

TOTAL: _____

PAYMENT METHOD

Check payable to RAM: _____ Amount: \$: _____ Check #: _____

Purchase Order Number: _____ (Submit PO form showing billing address to RAM.)

Visa: _____ MC: _____ Card #: _____ Exp. Date: _____

Cardholder Name: _____

• Please indicate the number of vegetarian meals you would like to reserve for the dinner and/or the Pre- conference.
Name of attendee(s) with vegetarian option: _____

• Name of company(s) you would prefer *not* to be next to, if any: _____

YOUR COMPANY CONTACT'S NAME & TITLE: _____

SIGNATURE: _____ **DATE:** _____

Mail Completed Forms & Payment To: RAM 2250 Wabash Ave., St. Paul, MN 55114
Questions Contact: Brita Sailer 651-641-4560 or brita@recycleminnesota.org