

RAM/SWANA 2016 Annual Conference October 6th Main Conference Exhibit Registration Form

Exhibit Fee for Conference and Show - \$490. (October 6, 2016) Includes:

- 8' x 8' exhibit space with skirted table, draping, one chair, company sign and Wi-Fi access for Vendor
- Full conference registration and lunch for one person staffing the booth
- Set up: October 5, 2:30 pm – 4:00 pm **OR** October 6, 2015 6:00am – 7:30 am; Take down: 4:00 pm

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):

A. Exhibit Fees: _____

DISCOUNTS (1 conference booth only):

Take \$50 from subtotal if you make payment by August 1, 2016.

B. Discount (\$50): (_____)

ADDITIONAL COSTS:

- \$150.00 Additional Oct.6 Conference Exhibit Staff
- \$50.00 Electrical access

C. Total Additional 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: _____

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 RAM and SWANA to reserve for you for the 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