



# 2023 ST. LOUIS MARIAN CONFERENCE EXHIBITOR REGISTRATION FORM

Thank you for your interest in being an exhibitor at the 24th Annual St. Louis Marian Conference. **EXHIBITOR SPACE allowed by the hotel continues to be LIMITED** and will be **STRICTLY ENFORCED**. Exhibitor spaces are available on a first-come-first-served basis.

**No online exhibitor registrations – mail-in registrations only.**  
Please complete this form, sign the Exhibitor Guidelines & mail both **with payment** to:

SAINT LOUIS MARIAN CONFERENCE  
PO BOX 142787, ST. LOUIS, MO 63114

## We have 3 Exhibitor Space/Table options. Fees are as follows:

- 1) Premium/Main Foyer Area: \$250.00 for the first table. Additional table is \$100.00 *(Maximum of 2 tables)*
- 2) All Other Exhibitor Areas: \$180.00 for the first table. Additional table is \$85.00 each *(Maximum of 2 tables)*
- 3) Literature/Information Table (NO SALES): Free *(Maximum of 1 table; Limited spots available)*

Exhibitor Registration Fee includes **FREE** admission to the conference for you & 1 staff, or assistant (**\$120 value**), tablecloth(s), skirt(s), 2 chairs, free parking, and the exhibitor's name printed in the conference program. Any additional people must register separately and pay admission fees online at stlmc.org, post mail, or by phone.

Returning exhibitor                       New exhibitor

Organization: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Email: \_\_\_\_\_

Contact & Title: \_\_\_\_\_

Name of your assistant to be registered: \_\_\_\_\_

Briefly describe products or services \_\_\_\_\_

1) \_\_\_\_\_ Premium Exhibitor Area 1 table @ \$250.00 + \_\_\_\_\_ Additional table @ \$100.00 **(Limit of two)**

2) \_\_\_\_\_ All Other Exhibitor Areas 1 table @ \$180.00 + \_\_\_\_\_ Additional # of table @ \$85.00 **(Limit of two)**

\$ \_\_\_\_\_ Total Amount Enclosed

Payment:  Check (payable to "Saint Louis Marian Conference")     Money Order     CC

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Exp \_\_\_\_/\_\_\_\_ 3-digit code \_\_\_\_\_

Billing Address (if different than above) \_\_\_\_\_

Name on card \_\_\_\_\_      Signature \_\_\_\_\_

**I have read and agree to abide by the Exhibitor Guidelines and the Cancellation Policy\*\* listed below.**  
*(Please include a signed and dated copy of the Guidelines with this Registration Form.)*

**\*\*CANCELLATION POLICY:**      There will be **NO REFUNDS** of Exhibitor Registration Payments for cancellations made **AFTER 03/17/23**. We thank you for understanding.