

2024 ST. LOUIS MARIAN CONFERENCE EXHIBITOR REGISTRATION FORM



Thank you for your interest in being a part of our 25th Anniversary St. Louis Marian Conference. We are excited at the possibility of having your business/organization represented at our event.

EXHIBITOR SPACE allowed by the hotel continues to be LIMITED and will be STRICTLY ENFORCED. Due to the tremendous demand for exhibitor spaces and our attendees' requests to have a variety of different vendors, we will NOT be able to accommodate all requests. Requests for exhibitor tables will be handled on a first-come-first-served basis. **YOU WILL BE NOTIFIED BY PHONE IF WE ARE ABLE TO ACCOMMODATE YOU.**

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. Registration fees are as follows:

- 1) Premium/Main Foyer Area: \$250.00 for the first 6' table. Additional table is \$125.00 (Maximum of 2 tables)**
- 2) All Other Exhibitor Areas: \$180.00 for the 6' first table. Additional table is \$90.00 each (Maximum of 2 tables)**
- 3) Literature/Information Table (NO SALES): 1 Free ½ table (3' Spots extremely limited/maximum of one ½ table)**

Paid Exhibitor Registration Fee includes **FREE** admission to the conference for you & 1 staff or assistant* (\$120 value), tablecloth(s), skirt(s), 2 chairs, 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.

***Free Literature Table DOES NOT include free admission to the conference.** You must register for the conference separately.

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 @ \$125.00 **(Limit of one)**

2) _____ All Other Exhibitor Areas 1 table @ \$180.00 + _____ Additional # of table @ \$90.00 **(Limit of one)**

\$ _____ 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 03/15/24**. We thank you for understanding.