

2022 Annual Convention Exhibitor Invoice

Exhibitors please fill in the necessary information below and return it with your payment by January 1, 2022

Company _____

Address _____

City _____ State _____ Zip code _____

Contact Person: _____

Phone: _____ Email _____

Names of reps attending/Name for Badges

Fees:

One Display Area 8' X 10' (one table and lunch for 2 on Thursday & Friday)..... \$850.00

Additional 8' x 10' space \$500.00 per space _____ X \$500.00 = _____

Extra lunches \$25.00 per lunch per day _____ X \$25.00 = _____

Electricity X 25.00= _____

Break Sponsorship:

Sponsor a Break \$600.00..... _____ X \$600.00 = _____

Designates the 10-20-minute period of the Sponsored Break for presentations with audio and video aids

Choose a Break- Thursday or Friday, Morning or Afternoon.

Total Fee Paid: _____

Yes, will send Pen or Lanyards or Bags: _____ (Mark)

If sending Pen, lanyards or Bags please send by January 1, 2022

Shipping Address: 19 J East Lincoln Dr. NE, Brookhaven, MS 39601

MAPS Contact: Debra Byrd, MAPS

P.O. Box 3549

Brookhaven, MS 39603

Phone: (601)757-7691

Email: maps4debra@bellsouth.net