

Upper Midwest Health Expo

13th Annual Fall Conference

Vendor Fair Registration Form

October 7- 8th, 2010

Location:

AmericInn
Atlantis Ballroom
2200 Hwy 10
Moundsview, MN 55112
(763)786-2000

Schedule:

October 7th, 2010

Vendor Set-up 2:00pm – 4:15pm
Vendor Fair 4:15-6:30pm

Company Name: _____**Phone Number:** _____**Key Contact/Name:** _____**Address:** _____**E-mail:** _____**How many people will be attending from your organization:** _____**Do you need power outlet (\$25/table with electricity):** Yes No
_____**Is your display unusually tall & needs to be against a wall:** Yes No
_____**We do NOT want to be situated near the following companies (we will try our best to accommodate):**
_____**Registration Fee:** \$275.00**Make checks payable to:**

Upper Midwest Health Expo

We would like to sponsor:

____ Lunch \$500
____ Break \$125
____ Speakers \$150-\$1,000
____ Door Prize

Mail checks & forms to:

Brian Heyndrickx
Owens & Minor
2151 County Road H2W
Mounds View, MN 55112-4729
brian.heyndrickx@owens-minor.com