



67th Annual CPM Short Course & MCPR Trade Show

December 12-14, 2017

2017 Application and Contract for Booth Space

Firm				Website			
Contact				Email			
Address1				Phone			
Address2				Fax			
Mailing City, State, Zip				Toll-Free			

2017 Booth Rental Rates				Booth Location Requested			
Line Display Booths		Bulk Display Booths		<i>Note: All booths are on a first come first serve basis. Every attempt will be made to honor booth location request.</i>			
<input type="checkbox"/> 10 X 10	\$795	<input type="checkbox"/> 20 X 35	\$2350				
<input type="checkbox"/> 10 X 20	\$1160	<input type="checkbox"/> 20 X 40	\$2500				
<input type="checkbox"/> 10 X 30	\$1545	<input type="checkbox"/> 20 X 60	\$2600				
<input type="checkbox"/> 20 X 20 End Cap	\$1825	<input type="checkbox"/> 25 X 55	\$2950	First Choice:			
		<input type="checkbox"/> 25 X 60	\$3000				
		<input type="checkbox"/> 30 X 50	\$3000	Third Choice:			
Bulk Display Booth <input type="checkbox"/> 20 X 30	\$2350	<input type="checkbox"/> 30 X 60	\$3550	Request to not be located near the following firms:			
		<input type="checkbox"/> 50 X 60	\$4850	Request to be located near the following firms:			
		<input type="checkbox"/> 60 X 90	\$8200				

Payment Method				Authorization			
<input type="checkbox"/> Check (make checks payable to MCPR) <input type="checkbox"/> Credit Card: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Discover				Please reserve the space for our use in the CPM Short Course and MCPR Trade Show. In making application we agree to exhibit under and comply with the accompanying terms and conditions, which rules and regulations are reference hereby made part of this contract.			
Card Number		Expiration Date					
Cardholder Billing Address		Card Code (REQUIRED)		Signature (Required)			
City, State, Postal Code							

Sign and Remit with payment options: To submit this form via our Secure Data site, first fill out the form and scan it to your desktop then go to <https://lock.securedataupload.com> Log in with user name **mcpr** and password **mcpr321** (password is case sensitive) *Skip directly to Step 3!* Click the Browse button to locate your completed registration on your computer, then click the Upload button to submit your completed form. To submit via fax: (763) 235-6461 or mail to: MCPR, 15490 101st Ave N #100, Maple Grove, MN 55369. Questions please call Kathi Schlieff at (763) 235-6483.