



MACS 2010 VENDOR REGISTRATION FORM
40th ANNIVERSARY ANNUAL MEETING & EXPO
Lancaster County Convention Center, Lancaster, PA
November 6th -9th, 2010

Name of Company _____
 Street Address _____
 City, State, Zip _____
 Phone _____ Fax _____ URL _____

Mail or fax this form by October 1, 2010 to take advantage of early registration pricing
Please use one form per company. Fill in quantity needed for all attendees next to each choice below.

QTY		Early	After Oct. 1, 2010
_____	A. Exhibiting Vendor Registration (8' x 10' booth) (Includes 1 Fashion Show Lunch Ticket)	\$325	\$375
_____	B. Additional Booth	\$200	\$250
_____	C. Non Exhibiting Vendor	\$150	\$175
_____	D. Meal Plan Package (Includes All Meals and Sessions)	\$210	\$230
_____	E. Saturday Bonus Session: includes Big City Tour, Downtown Dollars, 2 free drink tickets, Networking & hor-douvres at Annie Bailey's!	\$55	\$60
_____	F. Sunday – Sessions & Lunch	\$ 75	\$ 80
_____	G. Sunday Opening Night—Class Reunion 70's Style	\$ 75	\$ 80
_____	H. Monday Only: <u>All Day</u> Package (Sessions, Fashion Show Lunch, Expo, Dinner)	\$110	\$120
_____	I. Monday Only: Fashion Show Lunch	\$ 25	\$ 30
_____	J. Monday Recognition Dinner (semi-formal)	\$ 65	\$ 70
_____	K. 2010 MACS Membership Dues (MACS members, if not already paid \$125, new members initial dues \$100)	\$ _____	\$ _____
_____	L. 40 th Anniversary Commemorative Wine Glass Set	\$30	\$ 30
	TOTAL DUE: (Sorry, no refunds after October 10, 2010)		

What Show Special will you be offering? _____
 (Bookstore registrants will be notified of your "Show Special" prior to the meeting)
 Type of product being exhibited: _____
 Please DO NOT locate my booth near: _____
 Please DO locate my booth next to: _____

Name (CCR?)	Title	Registration Type By letter, from above	Vegetarian?	1 st Meeting?

To register, mail or fax this form to: Bill Rainey, MACS Treasurer
Monmouth University Bookstore, 400 Cedar Avenue
West Long Branch, NJ 07764 Fax: 732-263-5219

Make checks payable to MACS, or charge to: Visa/MasterCard Acct# _____

Exp. Date ___ / ___ Signature _____ **PRINT NAME:** _____

Contact e-mail address: _____