

MANA 2019 Application

General Information

Name of Business: _____

Detailed Product Description: _____

Contact person: _____

Telephone: _____ Email: _____

On-site representative contact information (if different from above): Name(s): _____

Cell phone: _____ Email: _____

Tax ID # (for those selling items at an exhibit) _____

Exhibitor is responsible for all applicable taxes on sold items.

Preferred website URL (for inclusion on conference website): _____

Sponsorship Level and Opportunity (insert amount and description): _____

Exhibiting

- Commercial/Large Company (more than \$50,000 net annual income) \$750
- Non-Profit/Small Company (less than \$50,000 net annual income) \$500
- Not-For-Profit Midwifery School Discounted Rate (No additional discounts apply.) \$400
- Allied Midwifery Organization or State Midwifery Association Discounted Rate (No additional discounts apply.) \$300
- Second table (additional registration not included, table only), additional \$400
- Discount for returning exhibitor from MANA 2018 (deduct from final fee) - \$50
- Early Bird Applicants discount if payment is received by June 1, 2019 (deduct from final fee) - \$25

Special Requests (check all that apply):

- Electrical power, simple support package rate. \$20
- I will be departing early on Sunday (before 5 pm breakdown time). Note time: _____
- Other (describe) _____

Advertising in the Conference Program

- Half page, black & white (4.5" high x 7.5" wide) \$150
- Full page ad for exhibitors (special), black & white (10" high x 7.5" wide) \$250
- Full page ad for non-exhibitors, black & white (10" high x 7.5" wide) \$300
- Inside cover, full page, color, only 2 available (10" high x 7.5" wide) \$800

Registration Packet Space (please refer to Shipping Instructions to send to hotel)

	Exhibitor/Discount	Non-Exhibitor/Non-Profit	Non-Exhibitor/Com
One flyer or pamphlet (single page, max 8.5"x11")	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200
Product sample, catalog, booklet, brochure	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150	<input type="checkbox"/> \$300

Raffle

Raffle donation for MANA raffle, Description and Value: _____

Scholarship

Scholarship (Name specific person or general fund and value): _____

Total Payment Enclosed (and all appropriate boxes checked above) \$ _____

Make check or money order payable to "MANA" in US funds or fill out the following Credit Card info

Card# _____ Exp. date _____ Card type: VISA MC AmEx

Name on credit card: _____ Address: _____

City: _____ State: _____ Country: _____ Postal/Zip Code: _____

Verification code: _____ Signature _____

**Send completed application and payment before September 24, 2019 to:
Midwives Alliance of North America P.O. Box 373 Montvale, NJ 07645
Via pdf send to exhibits@mana.org**