** Great Lakes Regional Music Therapy Conference**

 **Crown Plaza Milwaukee Airport**

 **6401 South 13th Street**

 **Milwaukee, Wisconsin 53221**

 **MARCH 14-18, 2017**

**Exhibit and Advertisement Registration Form**

|  |
| --- |
| Business or Organization Name:  |
| Address: |
| City: | State: | Zip: |
| Contact Person: | Phone: |
| Signature: | Fax: |

|  |
| --- |
| **TABLES** |
| Businesses | $200 per table | X | # needed |  | Total |  |
| Organizations | $60 per table | X | # needed |  | Total |  |
| Other | $35 per ½ table | X | # needed |  | Total |  |
| **ADVERTISEMENTS** |
| **X** Which size is desired | X |  | Total |  |
| Note: Advertising information should accompany this form. All advertising information must be received no later than insert date here. |  | Full Page | $100 |  |  |
|  | ½ Page | $70 |  |  |
|  | ¼ Page | $45 |  |  |
| FOOD |
| Exhibitors are responsible for transportation, lodging, and conference meals and expenses for all members of their staff. |  | Quantity | Total |  |
| Luncheon - Friday, March 17 | $18.00 |  |  |  |
|  |
| **TOTALS** |
| Sub-Total for Tables |  |
| Sub-Total for Advertisements |  |
| Sub-Total for Food |  |
|  **\*GRAND TOTAL DUE** |   |

\*\*Please supply your own extension cords & power strips. Duct tape is recommended for safety reasons.

**\*\***Exhibitors who have items sent directly to the hotel will NOT be charged a handling fee. Please include your business name, the name of the conference, and the dates of the conference on the outside of the packages.

\*\*Please remit check, payable to **Great Lakes Region of AMTA**, and this form by **JANUARY 31, 2017** to:

Melaine Pohlman

1839 Sheffield

Lake Geneva, IL 60134