



AKVMA Vendor 2021 Registration Form



Company Name: _____ Tradeshow Coordinator's Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: _____ Email: _____

List names of representatives attending the trade show (Two are included in the \$575 registration)

1. _____ Email: _____

2. _____ Email: _____

Additional representatives (\$180 per additional representative)

1. _____ (Add \$180) Email: _____

2. _____ (Add \$180) Email: _____

Will you provide a door prize for a drawing during the symposium? _____ Yes _____ No
(Item to be dropped off at conference registration table) **Please include your business card on the item.**

Provide a brief description of your company's services that will be listed in the tradeshow brochure for attendees to the symposium:

Tradeshow Fee of \$575: \$ _____ (Includes 2 representatives)

Add \$25 if Power is needed: \$ _____

Additional Representatives (if over 2)

add \$180 for each additional representative \$ _____

Total Amount: \$ _____

Payment Type

Check _____ Credit Card _____

(Make payable to AKVMA)

Send Payment to:

AKVMA
PO Box 1231
Bismarck ND 58502—1231

Fax: 1-701-751-4451

Credit Information **Note: Your credit card will report show a charge through Square Payment Processing in 1—4 business days.**

Name on Card: _____ Email address to send receipt: _____

Card Number: _____ Expir.: _____ CVV (3 digits on back of card) : _____

Billing Address: _____

Signature: _____ Amount Authorized: _____