

**2009 ANNUAL MEETING
OCTOBER 1-2, 2009**

EXHIBITOR REGISTRATION FORM

EXHIBIT SPACES

- Please reserve one exhibit space for my organization (\$500)
- Please reserve two exhibit spaces for my organization (\$950)

(With payment prior to September 1, I will receive \$50 discount per exhibit space.)

SUPPORT OPPORTUNITIES

- | | | |
|-----------------------------------|---------|---|
| <input type="checkbox"/> Diamond | \$5,000 | <input type="checkbox"/> Continental Breakfast – Thursday |
| <input type="checkbox"/> Platinum | \$2,500 | <input type="checkbox"/> Lunch – Thursday |
| <input type="checkbox"/> Gold | \$1,500 | <input type="checkbox"/> Continental Breakfast – Friday |
| <input type="checkbox"/> Silver | \$750 | <input type="checkbox"/> Coffee Break – Thursday or <input type="checkbox"/> Friday |
| | | <input type="checkbox"/> Annual Banquet Desserts – Friday |

Please Complete the Following Information

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Contact: _____ E-mail: _____

Person(s) Staffing Your Display: _____

My organization will be giving away a door prize at the 2009 SDSMA Annual Meeting: Yes ___ No ___

Payment

A check in the amount of \$ _____ is enclosed.

Please invoice our company \$ _____ for exhibit fees/support.

Make checks payable to SDSMA and mail to: **PO Box 7406, Sioux Falls, SD 57117-7406**
Phone: 605.336.1965 Fax: 605.274.3274 **SDSMA Tax ID No. 46 021 3945**

Registration forms must reach SDSMA by **September 1, 2009**,
to be listed in the annual meeting program.

FOR OFFICE USE ONLY
Amount Rec'd: _____
Date Rec'd: _____