



## MISSOURI

### Missouri Dietary Manager's Expo Application

Vendor Name \_\_\_\_\_

Address \_\_\_\_\_

Contact phone Number \_\_\_\_\_

\_\_\_\_\_ I will be attending the Missouri Dietary Manager's Expo.

\_\_\_\_\_ I will not be attending the Expo but keep me on your mailing list for the  
for the next State Dietary Manager's Meeting

**I will be a Mo DMA Partner by providing the following:**

\_\_\_\_\_ Speaker (sponsor fee of \$\_\_\_\_\_ enclosed).

\_\_\_\_\_ Donation of a door prize(s) please specify \_\_\_\_\_

\_\_\_\_\_ Samples or giveaways

**The cost of Tables at the Expo is as follows:**

\_\_\_\_\_ 1 table \$175.00

\_\_\_\_\_ 2 tables \$275.00

\_\_\_\_\_ 3 tables \$350.00

Please mark if you need electricity \_\_\_\_\_

Thank you for your support!

Please return to:

Expo Chair

Name:

Address:

Phone: