

13TH ANNUAL

UNIVERSITY SURPLUS PROPERTY ASSOCIATION 2012 CONFERENCE



March 18-21, 2012
VENDOR REGISTRATION

SPACE IS LIMITED AND WILL BE RESERVED ON A FIRST COME, FIRST SERVE BASIS.

Vendor Registration (check appropriate boxes):

- Vendor Booth (\$800)
This includes a 6-foot skirted table, entry for 2 representatives from your company, and participation in the Sunday Meet & Greet, Monday breaks, and lunch.
- Internet Connection (\$12.50 each)
- Literature Display only (\$300)
Unable to attend? Send us your literature and we will set up a display

Additional Vendor Options:

- Additional Table (\$500 each)
- Additional Company Representative (\$200 each)

Sponsorship Opportunities:

Vendors providing sponsorships will be recognized with their company name and logo on table tents and the title sheet of our conference information.

- Sunday night Meet & Greet, Hors d'Oeuvres (\$2,000)
- Morning break, Monday and/or Wednesday (\$750 per day)
- Lunch Monday and/or Wednesday (\$2,000 per day)
- Afternoon break, Monday and/or Wednesday (\$750 per day)
- Monday evening Pub Crawl (\$1,000)
- Bus Trip on Tuesday (2 buses @ \$600 each)
- Tuesday Lunch (\$675)
- Tuesday Dinner (\$1,000)
- Wednesday Night "Night of Relaxation" Social (please contact)
- Other sponsorship options (please contact)

EARLY BIRD DEADLINE: FEBRUARY 15, 2012. RECEIVE \$50.00 OFF FULL REGISTRATION

Representative's Name: _____

Representative's Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Total Registration Fee \$ _____

Method of Payment

Enclose check payable to: 13th Annual USPA Conference

Mail checks and registration to: University Surplus Property Association (USPA)

Attn: dELL Burnham
Dept. 3314
1000 E. University Ave.
Laramie, WY 82071

**TO INCLUDE YOUR
COMPANY INFORMATION
ON OUR CONFERENCE
FOLDER, PLEASE SEND
PRINT READY LOGO AND
COMPANY NAME TO:**

aitches1@msu.edu
517.355.9829

**DEADLINE:
FEBRUARY 17, 2012**

Credit Card

Please check: VISA Master Card

Exp. Date / Year: _____

Card # _____ - _____ - _____ - _____

Print Name: _____

Signature: _____

Credit Card Billing Address

Street / Mailing Address: _____

City: _____ State: _____ Zip: _____

If paying by credit card, mail registration to address above or fax to: dELL Burnham at (307) 766-6762