

2010 Vendor Registration

Please complete the following form and return to the MSIA.
(Please type or print clearly!)

Company Name: _____

Contact Name: _____

Names of Additional Staff: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Products and Services: _____

Please circle and fill in your options and totals

1A: Registration-----Early-\$50 Regular \$60

OR

1B: Discount Raffle Option-----Early \$25 Regular \$30

2: Additional representatives-----# of additional ___ X's \$20=\$_____

3: Meal tickets-----# of tickets ___ X's \$50=\$_____

4: Additional tables-----# of additional ___ X's \$20=\$_____

Grand Total-----\$_____

Please email this form to steven_singer@tmo.blackberry.net or fax to Stacy Bax at (573) 522-6259.
Payment and registration forms may be mailed to: MSIA, PO Box 114, Jefferson City, Mo 65102. If you opt to fax or email your registration, payment may be made at check in. Please make checks payable to Missouri State Investigators Association.