

COLORADO MUSIC EDUCATORS ASSOCIATION
EXHIBITION REGISTRATION 2010 CLINIC/CONFERENCE
JANUARY 28, 29, & 30, 2010

FIRM _____ OFFICE PHONE _____
CONTACT PERSON _____ CELL PHONE _____
ADDRESS _____
CITY, STATE, ZIP _____
FAX # _____ e-mail _____

NUMBER OF TABLES DESIRED _____ @ (\$180.00 PER TABLE)

50% DEPOSIT (\$90.00 EACH) _____

BALANCE DUE _____ DUE DEC 4, 2009

NOTE: If you do **NOT** need a table the cost of the space will be \$160.00, **IF YOU NEED A TABLE YOU MUST USE ONE PROVIDED BY THE HOTEL**

NAMES FOR BADGES(3 per table)

IF YOU ARE INTERESTED IN AN EXHIBITORS SHOWCASE (COST TO YOU \$70.00 FOR A 50 MINUTE SESSION) PLEASE CHECK HOW MANY ___ YOU WILL BE CONTACTED TO SCHEDULE & FOR PAYMENT

Make check payable to: COLORADO MUSIC EDUCATORS ASSOCIATION (C.M.E.A.)

Mail payment (check or credit card info.) AND this form to:

CMEA-Ken Anderson

P.O. BOX 12592

DENVER, CO 80212

home phone:(303)-438-0364

cell phone:(303)-5889-3596

FAX# (303)-455-7062

e-mail:exhibits@cmeaonline.org

VISA/M-C.# _____

EXPIRATION DATE _____

NAME ON CARD _____

NO REFUNDS AFTER JAN. 8, 2010

THIS SPACE FOR CMEA USE ONLY

Reserve Rec'd _____

Balance Rec'd _____

ck# _____ amt. _____ to Trea _____

ck# _____ amt. _____ to _____

Balance due _____ Confirmation _____

Final Form _____

