

# Exhibitor/Vendor Registration Form

## PRIMARY EVENT CONTACT

If someone other than the main on-site contact listed below should be your primary contact for communications regarding the conferences, please provide the following information:

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

## MAIN ON-SITE CONTACT

Complimentary registration with exhibitor package.

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Second complimentary registration with exhibitor package.

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

## ADDITIONAL BOOTH/CONFERENCE ATTENDEES

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Additional fee of \$395 per attendee before July 17th \$445 between July 17th and September 1st \$495 after September 1st. Copy and complete this page if sending more than two additional attendees. Sharing/transferring of registrations is prohibited.

**Note: Sponsorships are first-come-first-serve. Please review the Sponsor Form for availability or give us a call at 1-800-348-3692 or email us at [info@umacha.org](mailto:info@umacha.org)**

# Exhibitor/Vendor Registration Form

Company Name: \_\_\_\_\_

## UMACHA

Navigating Payments 2020

September 15-17, 2020

Earle Brown Heritage Center, Brooklyn Center, MN

- Exhibitor Package \$895 (\$795 Affiliate Member Pricing)  
*Additional booth attendee registrations are \$395 each.*

Please provide your company's high resolution logo in eps, psd, or ai format  
For use on Navigating Payments marketing, only.

**Email logo file to [info@umacha.org](mailto:info@umacha.org).**

## PAYMENT INFORMATION

*Please check method of payment and provide requested information.*

### Method of Payment:

- Invoice
- Check Make check payable to **UMACHA** and mail with original registration form to:  
UMACHA 7100 Northland Circle, Suite 407, Brooklyn Park, MN 55428
- Credit Card

Name on Card \_\_\_\_\_

Card No. \_\_\_\_\_

American Express  VISA or  MC Exp Date \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

