

Virtual Exhibitor/Vendor Registration Form

PRIMARY EVENT CONTACT

If someone other than the main 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 CONTACT

Complimentary registration with exhibitor package. For each registration you receive FIVE registrations **(Five for the price of one!)**

Name _____ Title _____

Phone _____ Fax _____

E-mail _____

Second complimentary registration with exhibitor package. For each registration you receive FIVE registrations **(Five for the price of one!)**

Name _____ Title _____

Phone _____ Fax _____

E-mail _____

ADDITIONAL VIRTUAL BOOTH/CONFERENCE ATTENDEES

Name _____ Title _____

Phone _____ Fax _____

E-mail _____

Additional fee of \$395 per registration 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. For each registration you receive FIVE registrations **(Five for the price of one!)**

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

Virtual Exhibitor/Vendor Registration Form

Company Name: _____

UMACHA

Navigating Payments 2020 Live | Virtual Conference

September 15-17, 2020

- Virtual Exhibitor Package \$895 (\$795 Affiliate Member Pricing)
Additional booth registrations are \$395 each.
For each registration you receive FIVE registrations. **(Five or the price of one!)**

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.

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 _____

