

Vendor Registration

MECRA 2009 Conference

Business Name: _____ Contact Person: _____

Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Ph. _____ Fax: _____

Email: _____ Website: _____

Dates of Conference: September 30, 2009 – October 2, 2009

*The agenda will be sent to you with a confirmation letter.

Indicate the sponsorship level you are requesting: _____

Please make checks payable to MECRA and mail to:

NANCY MORRISON
PO Box 226
Newberry, MI 49868

If you have any additional questions, please do not hesitate to contact Jodi Gordon at 989.786.9730.

Thank you for your participation in the 2009 MECRA Conference.

Nancy Morrison and Jodi Gordon
2009 Conference Committee