



2017 MSWCA Exhibit-Vendor Application/Contact

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

Email: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Sponsorship Level(Next Page) \_\_\_\_\_ Paid \_\_\_\_\_

Vendor Booth 8X10 (with 2 chairs): Booth Choice#1 \_\_\_\_\_ Booth Choice# 2 \_\_\_\_\_ Booth Choice #3 \_\_\_\_\_ Paid \_\_\_\_\_

Set up will be Wednesday 10/4/2017 from 3:00 pm-11:30 pm. Tear Down will be Friday 10/6/2017 starting at 10:45 am.

Reservation's for Crowne Plaza: 865-522-2600 Room Rate \$118 per night, plus tax. Room rate honored for 3 days pre- or post- conference. The extended rates will be subject to availability. So make your reservation early, if you would like to take advantage of this rate. www.crowneplaza.com/knoxville

To receive the above rates please identify the group name of (Mid-South Worker's Compensation Associations).

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Paid: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Paid: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Paid: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Paid: \_\_\_\_\_

Payment Enclosed:

Booth Fee: \$550 paid by July 31, 2017 Paid Amount \$ \_\_\_\_\_  
\$600 paid by August 1, 2017

Attendee Fee: \$150 paid by July 31, 2017 Paid Amount \$ \_\_\_\_\_  
\$175 paid after August 1, 2017

TOTAL PAYMENT ENCLOSED: Paid Amount \$ \_\_\_\_\_

Make Check payable to MSWCA or register and pay at www.mswca.org.

SIGN AND RETURN TO: MSWCA-2017 Conference  
Attn: Jackson Vaughan  
P. O. Box 31722  
Knoxville, TN 37930

For questions please contact: Deborah McGaugh - [deb\\_mcgough@yahoo.com](mailto:deb_mcgough@yahoo.com) or Sherry Harris- [sharris@letprohelp.com](mailto:sharris@letprohelp.com)

FOR MSWCA Use: Receipt of Payment \$ \_\_\_\_\_ Check# \_\_\_\_\_

Company \_\_\_\_\_ Date received: \_\_\_\_\_

Received by: \_\_\_\_\_ Booth# \_\_\_\_\_