EXHIBITOR REGISTRATION FORM

Montana Association for Pupil Transportation 2016 Workshops

BEST WESTERN PLUS Heritage Inn Resort & Convention Center
1700 Fox Farm Rd. Great Falls, MT. 59404
406-761-1900

JUNE 15-16-17, 2016

COMPANY NAME:			**REPRESENTATIVE:**
ADDRESS:	**CITY:**	**STATE:**	**ZIP:**
PHONE:	**E-MAIL:**		

Please use the space below to describe the type and size of display you will have, the amount of room required, table (limit of one 6ft.) and other items you will need. You must furnish your own electrical cords for your display.

NAMES OF ADDITIONAL PERSONNEL:

REGISTRATION FEE (Meals not included)…… $ 125.00

 # MEAL TICKET PACKAGES _____@ $100.00 ea $____
(Individual meals may be purchased on site)

WORKSHOP BREAK CONTRIBUTION…….. $ _____
(Any amount you wish to apply towards breaks)

CONFERENCE SPEAKERS SPONSOR…….. $ _____
(Any amount you wish to apply towards conference speakers)

TOTAL AMOUNT: $____

Are you interested in giving a 3 to 5 min. company introduction? Yes No

Please make checks payable to **Montana Association for Pupil Transportation**.
Receipts will be mailed as soon as possible.
Please return this registration form along with your remittance by **May 15, 2016** to:

MAPT
P.O. Box 422
Corvallis, MT. 59828