



MICHIGAN AFTER-SCHOOL PARTNERSHIP ANNUAL MEETING

February 25, 2010, Radisson Hotel, Lansing

To: Non-profit Exhibitors

From: Mary Sutton, Executive Director
Michigan After-School Partnership

The Michigan After-School Partnership (MASP) is hosting its Annual Meeting, Thursday, February 25, 2010. The event brings over 200 after-school stakeholders from across the state for a day of learning and networking. You are invited to exhibit at the conference from 8:45 a.m.-2:00 p.m. You may supply print materials and, if applicable, conduct direct sales; displays are tabletop displays. The fee for a table is \$65.00. One conference lunch, per table is included in the table fee.

The reservation deadline is Monday, January 18, 2010. Space will be assigned according to the date the reservation form, with payment, is received.

Set-up for the exhibit tables will begin at 7:45 a.m. and tear down will be at 2:00 p.m.

Please complete the Exhibit Reservation Form and mail with payment to the address on the form.

The conference rate for a room at the Radisson Hotel is \$65.00. The housing reservation deadline is January 25, 2010. Reservations can be made by calling 1-800-333-3333. Valet parking is available for overnight guests at \$10.00/night.

If you have questions or if I can be of assistance, please contact me by phone, 517-371-4360 x17, or by email, msutton@uwmich.org. I look forward to your participation.

Office use only

of Tables: _____

Date Received: _____

Electricity: _____

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Non-Profit Exhibit Reservation Form

Exhibit fee: \$65.00 per table, maximum of 2 tables

Payable to: Michigan After-School Partnership (Fee must accompany form and is non-refundable)

Payable by: Check, credit card (MasterCard or Visa only)

Deadline: January 18, 2010

Complete and return this form, with appropriate fee and signature*, to: **MASP**
1627 Lake Lansing Road,
Ste. B
Lansing, MI 48912

REQUEST: _____ table(s) at \$65.00 each _____

Electrical Outlet? _____ Additional Conference lunch** _____

___ Yes ___ No

TOTAL: _____

**One complimentary lunch per paid table; additional lunches are \$15 each.

Vegetarian? Lunch 1: ___ Yes ___ No Lunch 2, if applicable: ___ Yes ___ No

Credit Card Payment Information

___ MasterCard ___ Visa Account # _____

Expiration Date ___/___/___
Month/Year 3 digit code on back of card: ___ ___ ___

Name of Cardholder (print) _____

Signature of Cardholder _____

Cardholder billing address Street _____ State ___ Zip _____

Company Name _____

Company Address: Street _____

City _____ State _____ Zip _____

Contact Name _____ Title _____

Phone () _____ Fax () _____ E-mail _____

***On behalf of my company, I accept the MASP Exhibit Policies.**

Signature _____ Title _____ Date _____

Representative(s) Name _____ Phone (____) _____

attending: Name _____ Phone (____) _____

Description of product(s) to be displayed/sold _____