

Expo Order Form

Company Name _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip code _____
 Phone: _____ Fax: _____
 Email: _____

Booth and Sponsorship Packages	Price		Number	Total
Table Top Booth (purple - 8' x 5')	\$250	x	_____	\$ _____
Parking Lot C Space (One inside booth required)	\$300	x	_____	\$ _____
Standard Booth (white -- 10' x 10')	\$500	x	_____	\$ _____
1-Star (blue booth)	\$800	x	_____	\$ _____
2-Star (Pink booth)	\$1,200	x	_____	\$ _____
3-Star (Green booth)	\$1,800	x	_____	\$ _____
4-Star (Red booth)	\$2,500	x	_____	\$ _____
5-Star (Yellow booth)	\$5,000	x	_____	\$ _____

1st choice -- Booth No. _____ Choose between free buffet lunch tickets or concession stand tickets to go with your purchased booth.
 2nd choice -- Booth No. _____ 2 Free Buffet Lunch tickets per booth purchased _____. (Value \$10 per ticket)
 3rd choice -- Booth No. _____ 4 Free Concession Stand tickets per booth purchased _____. (Value \$5 per ticket)

Sponsorships

Corporate Partner (no booth)	>\$4,000			\$ _____
Name Badge Lanyards	\$2,500			\$ _____
Speaker, entertainer or hospitality room sponsor, call Kathy				\$ _____
Information booth	\$100			\$ _____

Expo Magazine Advertising

1/8 page	\$200	x	_____	\$ _____
1/4 page	\$350	x	_____	\$ _____
1/2 page	\$650	x	_____	\$ _____
1 page	\$1,250	x	_____	\$ _____
Color -- for each color in addition to black add \$50.				\$ _____

Silent Auction Contribution

Cash or product contributions welcome. Cash contributions will be used to purchase consumer items -- ipods, kitchenware, shop tools, jewelry and other items that are popular in silent auctions. Money raised at this silent auction is earmarked for dairy scholarships and other educational projects.

Welcome Reception Tickets	\$30	x	_____	\$ _____
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No welcome reception tickets are included with booth or sponsorship packages. Tickets are \$30 per person.

Additional Meal Tickets	Concession vouchers \$5	x	_____	\$ _____
	Buffet Lunch \$10	x	_____	\$ _____

Total _____ \$ _____

If paying by credit card (Master card of Visa only), add 5% for bank handling fee. \$ _____

Credit card number _____ \$ _____

Expiration Date _____ \$ _____

Refund policy: 100% before Jan. 1, 50% between Jan 1 and Feb. 1, 0% after Feb. 1. Signature _____

Name Badge Information

Name as you want it to appear _____

Company _____

Name as you want it to appear _____

Company _____

Name as you want it to appear _____

Company _____

Name as you want it to appear _____

Company _____

Mail, fax or email form to: Central Plains Dairy Expo
 6258 90th Ave. N. • Glyndon, MN 56547 • Ph 218-236-8420 • Fax 218-236-840
 Email: kathy@centralplainsdairyexpo.com • Web site: www.centralplainsdairyexpo.com