



MAACE Annual Conference

March 19, 2010

Lexington Lansing Hotel

925 South Creyts Road

Lansing, MI 48917

Exhibitor Registration Form

Name _____ Address _____

Title _____ City _____

Company _____ State _____ Zip Code _____

Email Address _____

Phone _____

Exhibitors may reserve a table and or space to display their products.

Cost: First Table @ \$150 _____

Additional Tables @ \$75 _____

Total: _____

Please make check payable to **MAACE**

And submit it with the bottom portion of this form to:

MAACE

P.O. Box 252263

West Bloomfield, MI 48325

Please provide us with a business card with your reservation form
and we will place an ad in the Conference Program.