



**16th Annual
COMMUNITY ENGAGEMENT CONFERENCE
March 1, 2025**

EXHIBITOR BOOTH & REGISTRATION

Name: _____ Email: _____ Phone: _____

(Name of person filling out this form)

Organization: _____

Organization Address: _____

Contact Name (if different): _____

Contact Email: _____ Contact Phone: _____

_____ Table(s) **1 included with sponsorship** (additional tables - \$50/each) \$ _____

_____ Table(s) Exhibitor only \$ _____

Early bird registration \$50/table by Dec. 31st (\$75/table after Dec. 31st)

_____ Table(s) Exhibitor requesting waiver of fee

_____ *I would not be able to attend if I was required to pay an exhibitor fee.*

_____ Internet access code (through WMMS) Each access code \$ _____

_____ **Electricity access needed (Spaces limited and MUST be requested on this form, any requests made the day of the conference will not be accepted.)**

Total Due: \$ _____ Check enclosed: _____ Please invoice me: _____

EXHIBITOR REGISTRATION

All exhibitors must be listed on this form including contact information. Separate registration for exhibitors is not required. Sponsors receiving 1 free table should register all staff working at their table need to with this form. All other attendees from your organization should complete a separate form.

Name: _____ Email: _____ Phone: _____

Lunch: Yes _____ No _____ Regular _____ Gluten Free _____ Vegetarian _____ Vegan _____

Name: _____ Email: _____ Phone: _____

Lunch: Yes _____ No _____ Regular _____ Gluten Free _____ Vegetarian _____ Vegan _____

Name: _____ Email: _____ Phone: _____

Lunch: Yes _____ No _____ Regular _____ Gluten Free _____ Vegetarian _____ Vegan _____

Name: _____ Email: _____ Phone: _____

Lunch: Yes _____ No _____ Regular _____ Gluten Free _____ Vegetarian _____ Vegan _____

Please make checks payable to: Adair County SB40 DD Board and mail with this form to 314 E McPherson, Kirksville, MO 63501. If you have questions, please contact 660-665-9400. Thank you!

Early bird registration and payment must be submitted no later than December 31, 2024.
Registration for exhibitor tables will close on January 31, 2025.



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Keynote Address Sponsor	\$2,750	\$ _____
Lunch Sponsor	\$1,750	\$ _____
Breakout Room Sponsor (5 available)	\$ 500	\$ _____
Conference Promotions, Folders & Printing	\$ 350	\$ _____
Registration Expenses	\$ 250	\$ _____
Other (Please indicate your preference) _____		\$ _____

If you are interested in a sponsorship opportunity that does not appear above or if you would like to co-sponsor with another organization, please contact Katy Kaestner, 660-665-9400.

Name: _____ Contact Person (if different): _____

Organization: _____

Address: _____

Contact Email: _____ Contact Phone: _____

Total Due: \$ _____ Check enclosed: _____ Please invoice me: _____

Please make checks payable to: Adair County SB40 DD Board and mail with this form to 314 E McPherson, Kirksville, MO 63501. If you have questions, please contact 660-665-9400. Thank you!

SPONSORED DOOR PRIZE

Name: _____ Contact Person (if different): _____

Organization: _____

Address: _____

Contact Email: _____ Contact Phone: _____

Sponsored Prize(s): _____

All door prize donations should be delivered to:

Adair County SB40 Main Office

314 East McPherson St

Kirksville, MO 63501

Sponsorships and donations must be received no later than December 31, 2024.

If you have questions, please contact 660-665-9400. Thank you!