

COLORADO MUSIC EDUCATORS ASSOCIATION
EXHIBITION REGISTRATION 2019 CLINIC/CONFERENCE

JANUARY 24, 25, 26, 2019

FIRM _____

OFFICE PHONE _____ CONTACT PERSON _____

CELL PHONE _____ in case of emergency

ADDRESS _____

CITY, STATE, ZIP _____

e-mail _____ web site _____

TYPE OF BUSINESS: _____

OF TABLES DESIRED _____ \$210.00 per table/space

50% DEPOSIT \$ _____ Due March 15, 2018

BALANCE \$ _____ Due Dec. 8, 2018

NOTE: If you do NOT need a table the cost of the space will be \$190.00, IF YOU NEED A TABLE YOU MUST USE ONE PROVIDED BY THE HOTEL

NOTE: From the CMEA Board of Directors; 2019 Conference all exhibitors will receive 3 name badges for the first space and one additional badge for each additional space. All badges must have a name and title associated with the badge and badges cannot simply state " faculty or staff". If students are working an exhibit space they must have a badge with their name clearly stated on the exhibitor badge.

NAMES FOR BADGES(see above)

IF YOU ARE INTERESTED IN AN EXHIBITORS SHOWCASE (COST TO YOU \$90.00 FOR A 50 MINUTE SESSION) PLEASE CHECK HOW MANY___ YOU WILL BE CONTACTED TO SCHEDULE & FOR PAYMENT. DEADLINE TO RESPOND IS AUGUST 4, 2018.

Make check payable to:COLORADO MUSIC EDUCATORS ASSOCIATION (C.M.E.A.) Mail payment (check or credit card info.) AND this form to:

KEN ANDERSON

10373 ZENOBIA CT.

WESTMINSTER, CO 80031

home phone:(303)-438-0364, cell phone: (303)-589-3596, FAX# (303)-832-2287

For credit card payments, please use the included Credit Card Authorization Form.

e-mail: exhibits@cmeaonline.org NO REFUNDS AFTER JAN. 5, 2019

Refunds for exhibit space reserved by credit card will be deducted by 20% due to the cost of credit card refund processing.

CMEA USE ONLY:

RECEIVED -

AMOUNT -

HOW—



Credit Card Authorization Form

Send to: CMEA, PO BOX 44489, Denver, CO 80201

or

email to office@cmeaonline.org

FORMS ARE NOT ACCEPTED BY FAX!!

Payments are accepted by VISA, Master Card, or Discover Card only, enter complete information on lines below for total orders/amounts of \$25.00 or more:

Name as it appears on the Credit Card:

Credit Card Number 4-digits per line (VISA, Master Card, or Discover Card):

expiration date _____

Credit Card v-code on back of card _____

Credit Card Billing Address _____

Credit Card Billing Zip Code _____

Phone number _____

Email _____

What CMEA related event/service is this charge applying to? _____

What is the total amount of the charge you are authorizing? _____

Signature of authorized cardholder: _____

Once your credit card is processed the Colorado Music Educators Association will attach a copy of your credit card receipt on the original paperwork and this Credit Card Authorization form will be immediately shredded. The Colorado Music Educators Association policy does not allow us to keep credit card numbers on file.

***Cancellation refunds paid by credit card will be deducted
20% due to processing fees.***