



# Vendor Registration and Agreement

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Company/Business \_\_\_\_\_

Name/Representative \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Please check your preference:**

|                                |              |            |
|--------------------------------|--------------|------------|
| _____ Table Space (6 ft)       | \$90 X _____ | = \$ _____ |
|                                | (# tables)   |            |
| _____ Floor Space (10ft x 6ft) | \$90 X _____ | = \$ _____ |
|                                | (#spaces)    |            |
| _____ Electricity              | \$45         | = \$ _____ |
| _____ Catalog Display          | \$75         | \$ _____   |

**Total Amount Enclosed**      \$ \_\_\_\_\_

Make checks payable to "Minnesota Statewide Activity Professionals" and mail to;  
Kara Reiser  
Johanna Shores  
3220 Lake Johanna Blvd  
Arden Hills, MN 55112

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The purpose of the MN SWAP's conference is to provide its members with quality education, new ideas, and appropriate resources that support their position as an activity professional in aging services. Please provide a brief summary of the product(s) or service(s) that you will be vending.

*MN SWAP reserves the right to refuse vendors that do not meet the organizations purpose and mission. MN SWAP reserves the right to ask a vendor to leave the conference and vendor area if the product or service is misrepresented as indicated on the vendor registration and agreement form.*

Please visit MN SWAP's website for vendor set-up times, conference information, and area hotels.

[www.mnswap.org](http://www.mnswap.org)