

Midwest Orthopaedic Expo
Exhibit Space Application
55th MSOA Annual Meeting | May 3-4, 2024
St. Louis Union Station

Please complete and return this form to Cheri Martin at msoaexec@gmail.com.

COMPANY INFORMATION

Company name: _____

Brand, product or service to be exhibited: _____
(Please list just one brand, product or service to help keep the Expo diverse and robust.)

Company address: _____

Contact name: _____ Email: _____

Phone number: _____

CHOOSE YOUR LEVEL OF SUPPORT:

Gold Level Exhibit Space - \$5,000

Silver Level Exhibit Space - \$3,000

Bronze Level Exhibit Space - \$2,000

WANT TO GO A STEP FURTHER? SPONSOR A GATHERING!

Friday Evening Legislator Reception - \$1,000

Saturday Morning Breakfast - \$500

Coffee Break - \$500

Saturday Lunch - \$1,000

NAMES FOR EXHIBITOR BADGES – Please list two for Bronze and Silver levels; up to four for Gold level.

1. _____

2. _____

3. _____

4. _____

PAYMENT OPTIONS:

Enclosed is a **check** in the amount of \$_____ representing payment in full. We agree to abide by the exhibit rules and regulations as set forth by the MSOA, which is made a part of this contract by reference and available at www.msoa.org, and to all conditions under which exhibit space at the meeting is offered. If the application is received on or after April 1, 2024, a check for the full amount of payment must be included.

Credit card: (3% fee applies)

Visa

MasterCard

Discover

American Express

Name on Card: _____ Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address (Street, City, ZIP): _____

Email receipt to: _____

CANCELLATION: MSOA must be notified of exhibitor cancellation in writing. A 50% cancellation fee per space will be charged to an exhibitor who cancels their contract before April 19, 2024. No refunds will be made after this date.