



**Exhibitor Contract/Application**

Name of Company: \_\_\_\_\_

**Contact person to whom confirmation & notices should be sent:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Contact person for LISTING in printed materials:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Product/Service Description for printed materials (40 words or less) – can be emailed to [KentuckyMGMA@meinet.com](mailto:KentuckyMGMA@meinet.com).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you a KMGMA Business Partner?** \_\_\_\_\_

**KMGMA By-Laws require all Corporate Sponsors and Exhibitors to be Business Partners.** For a Business Partner Application, please visit our website at [www.kmgma.com](http://www.kmgma.com) or send an email to [KentuckyMGMA@meinet.com](mailto:KentuckyMGMA@meinet.com)

**Do you need electrical connection in your booth?** \_\_\_\_\_

List any company you **wish to be near:** \_\_\_\_\_

List any company you **do not wish to be near:** \_\_\_\_\_

**Booth Representatives (Changes must be submitted in writing for insurance purposes):**

1. Name: \_\_\_\_\_

Email: \_\_\_\_\_

Attending:  3/6 breakfast     3/6 lunch     364 Social Event     3/7 Breakfast

2. Name: \_\_\_\_\_

Email: \_\_\_\_\_

Attending:  3/6 breakfast     3/6 lunch     364 Social Event     3/7 Breakfast

**3. Additional Representatives (\$150 additional fee applies):**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Attending:  3/6 breakfast     3/6 lunch     364 Social Event     3/7 Breakfast

*I hereby acknowledge that until accepted by KMGMA, this Contract shall constitute only an application to Sponsor KMGMA events, which may be accepted or declined by KMGMA at its sole discretion. I understand that I will be contacted to confirm acceptance of this contract. I understand that this contract DOES NOT entitle me or my company to use of the KMGMA or MGMA logo on any printed, digital, or written communication.*

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Cost</b>		Make Checks Payable to: <b>Kentucky MGMA</b> 11 West Monument Avenue, Suite 510 Dayton, OH 45402  To pay by credit card, contact <a href="mailto:KentuckyMGMA@meinet.com">KentuckyMGMA@meinet.com</a> or call us at 937.586.3701
Exhibit registration: Before 02/15/2025	<b>\$1200</b>	
Exhibit registration: After 02/15/2025	<b>\$1350</b>	
All Registrations include one 6’skirted tabletop, two chairs, and admission to all meals for <b>two</b> representatives.		
<b>** Additional representatives will be \$150</b>		