



ChemEd 2011 Exhibitor Registration Form
\$650 per booth (10' x 10')

Company Name

Primary Contact Name

Mailing Address

Mailing Address

City

State

ZIP

Country

Primary contact e-mail

Daytime Phone Number

Fax

URL (optional)

Number of Booths

Payment Options

Check or Money Order made payable to WMU. (Mailing address below)

Visa

MasterCard

Discover

Charge Account No

Exp Date

Signature

FOR OFFICE USE ONLY

23-3240110-8532

MO/check # _____ Cash _____ Credit card _____ Amt. Rcd. \$ _____

Receipt # _____ Date _____ Issued by _____