

Eighth International Conference on Mycorrhiza (ICOM8)

EXHIBITOR FORM

Name: _____

Organization/Business: _____

Address: _____

Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

EXHIBITOR OPPORTUNITIES

Advance rates apply to exhibit reservations made by March 31, 2015.

	Advance/Regular
<input type="radio"/> Premium Booth	\$1,500/\$1,700
<input type="radio"/> Standard Booth	\$1,200/\$1,400
<input type="radio"/> Non-profit Booth	\$1,000/\$1,200

METHODS OF PAYMENT

The NAU Foundation is serving as the fiscal sponsor for ICOM 8 and will accept exhibitor monies on behalf of conference organizers.

Enclosed is my CHECK (made payable NAU Foundation/MPC) for \$_____

Charge my CREDIT CARD \$_____ Type Visa MasterCard Discover American Express

Card # _____ - _____ - _____ - _____ Expiration Date: ____/____

Signature: _____

If a bank transfer is preferable, please contact Lara.Schmit@nau.edu.

EXHIBIT SPECIAL REQUIREMENTS

If you have special requirements for your exhibit, please contact Lara.Schmit@nau.edu.

Please print, sign and mail this form to:

Lara Schmit, Merriam-Powell Center for Environmental Research
Northern Arizona University
Box 6077
Flagstaff, AZ 86011-6077
(928) 523-0683

Thank you!!