



MWWC, Inc.
3230 Emerald Ln., Ste. 500
Jefferson City, MO 65109
Telephone: 573.761.0376
FAX: 573.761.5544
Email: teri@mwwc.net
www.mwwc.net

2020 Vendor Show Registration

Thursday, October 1 & Friday, October 2
Capitol Plaza Hotel
415 W. McCarty St.
Jefferson City, MO

BENEFITS OF EXHIBITING: Operator/vendor interaction, recognition on MWWC's website, Facebook page and program booklet, advertising in three newsletters, free electric hook up, three hot meals, and refreshments during attendee breaks.

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Booth Number of Choice 1. _____ 2. _____ 3. _____

VENDOR SHOW REGISTRATION

Company Name: _____

(Please Print Legibly) Rep Names For Name Tags:

Mailing Address w/ City, State, & Zip Code: _____

Telephone: _____ Fax: _____ E-mail: _____

Please place an X on the line in front of your preferred option

Option 1: For 4 Company Reps (A \$1300+ VALUE)
 _____ MEMBER RATE \$945.00 _____ NON-MEMBER RATE \$1045.00

Option 2: For 2 Company Reps (A \$1000+ VALUE)
 _____ MEMBER RATE \$745.00 _____ NON-MEMBER RATE \$ 845.00

Option 3: For 1 Company Rep (A \$800.00+ VALUE)
 _____ MEMBER RATE \$645.00 _____ NON-MEMBER RATE \$ 745.00

\$ _____ **SUBTOTAL AMOUNT DUE FOR ALL INCLUSIVE VENDOR REGISTRATION**

Upgrades & Add-on Options

_____ **Electricity**.....*Free if marked*
 _____ \$ 210.00 Upgrade to ¼ page newsletter ad (3 issues) -- also complete enclosed ad agreement
 _____ \$ 435.00 Upgrade to ½ page newsletter ad (3 issues) -- also complete enclosed ad agreement
 _____ Extra 6' skirted table \$ 20.00
 _____ Additional Company Rep(s) _____ X \$100.00 = \$ _____
 _____ Gift Card (Wal-Mart, Bass Pro, etc...) for Door Prize \$ 25.00
 _____ Will Bring Door Prize

\$ _____ **SUBTOTAL AMOUNT DUE FOR UPGRADES/ADD-ON OPTIONS**

\$ _____ **TOTAL AMOUNT DUE**

<p>Booth Number of Choice from Page 3</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
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To help us place your booth in the best location as possible, please complete this form and return it to MWWC's central office with your exhibitor registration form.

Company Name: _____

Contact Person: _____

Names of company reps as you wish them to appear on name tags: (Please type or print legibly)

What goods or services does your company provide?

What are the names of companies, if any, which you prefer your booth to be in close proximity to, if possible?

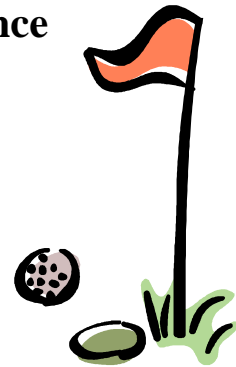
What are names of companies, if any, which you prefer your booth to be distant from?



**Missouri Water and Wastewater Conference
Golf Tournament
Wednesday, September 30, 2020**

\$45.00 per player

**Oak Hills Golf Center
932 Ellis Blvd.
Jefferson City, MO 65101**



**Registration Requested
Before September 21**

9:30 a.m. check in
Tournament begins at 10:00 a.m.

- Four person scramble
- Shot gun start
- Lunch (hotdog, chips, soda)
- Cash prizes

Directions to the Course:

From the Capitol Plaza Hotel, head toward Missouri Blvd on W. McCarty St. 314 ft. Turn left onto Missouri Blvd. 4 miles. Turn left and take ramp onto US-54 W toward Lake of the Ozarks for 1.8 miles. Take the MO/C/Ellis Blvd/Southwest Blvd exit toward Ellis Blvd. for 2 miles. Turn left onto Ellis Blvd (MO-C) for 1 mile. Oak Hills Golf Center, 932 Ellis Blvd. is on the right.



MWWC 2020 Golf Tournament Registration

Please make checks or money orders payable to the MWWC and mail, along with this form, to MWWC, 3230 Emerald Lane, Suite 500, Jefferson City, MO 65109. If you are faxing or emailing this form, we will email or FAX an invoice.

PLEASE FILL OUT THE FOLLOWING INFORMATION COMPLETELY AND LEGIBALLY

Players:

1. Name of Golfer: _____
 Paid By: _____
 Contact Person: _____
 Billing Email Address (City, State, Zip Code) of Payer: _____
 Day time Area Code & Phone Number of Payer: _____
 Area Code & FAX of Payer: _____

2. Name of Golfer: _____
 Paid By: _____
 Contact Person: _____
 Billing Email Address (City, State, Zip Code) of Payer: _____
 Day time Area Code & Phone Number of Payer: _____
 Area Code & FAX of Payer: _____

3. Name of Golfer: _____
 Paid By: _____
 Contact Person: _____
 Billing Email Address (City, State, Zip Code) of Payer: _____
 Day time Area Code & Phone Number of Payer: _____
 Area Code & FAX of Payer: _____

<p>Number of Players _____ @ \$45.00 = \$ _____</p>
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4. Name of Golfer: _____
 Paid By: _____
 Contact Person: _____
 Billing Email Address (City, State, Zip Code) of Payer: _____
 Day time Area Code & Phone Number of Payer: _____
 Area Code & FAX of Payer: _____



Thank you for your support of the MWWC through advertising in the *MWWC Mainlines* newsletter. The *MWWC Mainlines* is posted to MWWC's website www.mwwc.net and is distributed by US mail and email. All ads are black and white. The 2019 rates and sizes of advertisements are as follows:

½ Page	approx. 5.5" x 7.5"	\$200 per issue (\$600/year)
¼ Page	approx. 2.75" x 3.75"	\$115 per issue (\$345/ year)
*Business Card	(3.5" x 2.0")	\$55 per issue (\$165/year)

*Business card sized ad is included in cost of vendor registration

Please email the advertisement to teri@mwwc.net The exact size of ad and position may vary from issue to issue according to content of newsletter and postal requirements

The schedule for publication is as follows:

PRE-SECTION MEETING EDITION

Deadline for submitting advertisements	Jan. 15	Distribution Date	approx. Feb. 15
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POST-SECTION/PRE-ANNUAL MEETING EDITION

Deadline for submitting advertisements	April 27	Distribution Date	approx. May 27
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POST-ANNUAL MEETING EDITION

Deadline for submitting advertisements	October 15	Distribution Date	approx. Nov. 15
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----- MWWC, 3230 Emerald Ln., Ste. 500, Jefferson City, MO 65109-4761; Fax 573/761-5544 -----

Company Name: _____ Contact Name: _____

Company Address, City, State, & Zip: _____

Telephone #: _____ Fax #: _____ E-mail: _____

Upgrade from business card sized ad to:

_____ ½ page ad

_____ ¼ page ad

Paid in conjunction with 2020 vendor show registration



Missouri Water & Wastewater Conference
 3230 Emerald Lane Suite 500
 Jefferson City, MO 65109
 Telephone: 573/761-0376
 Fax: 573/761-5544
 www.mwwc.net

Call for Presenters

One hour slot are available on MWWC's Annual Technical Program. Both water and wastewater topics are welcome. ***Please complete the following information and return it with a copy of your slide presentation or handouts ASAP.***

Both the Missouri Department of Natural Resources and the MWWC ask that presentations be training in nature and that they do not promote a specific company, product, or brand. Company name and contact information may appear on the front and last slides only.

Presenter's Name & Title: _____

Company Name: _____

Mailing Address: _____

City, State & Zip Code: _____

Telephone: _____ Fax: _____

E-mail Address: _____ Cell: _____

Name of Presentation: _____

Presentation is applicable to: (please check all that apply)

- Water Treatment
 Water Distribution
 Wastewater

Length of Presentation: **1 HOUR**

A projector, screen, and laptop computer will be provided. You may, however, want to take your own laptop as well, in case there are compatibility issues.