

Great Plains Green Expo

Booth Reservation Request

2017 Annual Conference & Trade Show

SDNLA

Best Western Ramkota Inn

I-29, Exit 81, Sioux Falls, SD

Trade Show Dates

**Note NEW Show Dates at the end of the week*

Wednesday-Friday Feb. 1-3, 2017

Payment must accompany your booth request

Reservation must be made no later than

January 14, 2017

Firm _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____

E-Mail Address _____

Name of individuals manning the booth

Extra 8' Table Required Yes ___ No ___

Electricity Required Yes ___ No ___

Student Assistance for Set-Up Yes ___ No ___

(You must register for student assistance, they will be assigned to a vendor to help them, otherwise set-up will be on your own)

Booth includes Thurs Lunch, Social, Fri Lunch for (1) person. Plan to purchase extra if needed.

Please indicate booth location preference

___ **Yes, we will be bringing an item for the SDNLA**

Scholarship Fund Benefit Auction

Amount Enclosed

SDNLA 2017 Associate Dues (out of state) \$50.00 _____

SDNLA 2017 Active Dues (in state) \$150.00 _____

SDNLA 2017 Affiliate Dues-Extra Employees
from active member company Number **@25.00** _____

*Applies to anyone who has not sent payment from previous dues billing

10'W x 8'D Booth \$350.00 _____

Non-member \$450.00 _____

20'W x 8'D Booth \$475.00 _____

Non-member \$575.00 _____

Extra Meal Tickets _____

Mon Lunch \$15.00

Social \$16.50

Tues Lunch \$15.00

Yearbook Ad _____

(See rate sheet)

Convention Newsletter Ad _____

(See rate sheet)

Sponsored Events

Morning and Afternoon Breaks

Full Sponsor \$600.00 _____

Half Sponsor \$300.00 _____

Craft Beer/Wine 1/4 Sponsor 300.00 _____

(more than one company can help sponsor this event)

Speaker Sponsor _____

\$500.00-\$1500.00 _____

TOTAL ENCLOSED _____

Payment method: _____ Check _____ Credit Card

Type of Credit Card VISA MC AMEX Discover

Credit Card Number _____

Expiration Date _____ CVV 3 Digit Code _____

Name on Card _____

Address Card Billing is Sent to _____

City _____ State _____ Zip _____

Please Remit to: _____ Signature _____

SDNLA
5659 Dakota Ave. South