

## APPLICATION FOR EXHIBIT SPACE

### REGISTER:

Scan & Email: [kat@vtls.org](mailto:kat@vtls.org)

Fax: 573-636-9576

Mail: MONA/MONL Nurse Leadership Forum, 217 Oscar Drive, Suite C, Jefferson City, MO 65101

### REGISTRATION DEADLINE: **July 1, 2026**

#### PLEASE COMPLETE THE FOLLOWING INFORMATION:

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

*(Please type or print)*

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Name of Individual(s) Exhibiting at Event: \_\_\_\_\_ Email: \_\_\_\_\_

List exhibitor(s) you do NOT wish to be setup near: \_\_\_\_\_

Do you plan to participate in the luncheon on August 12?  Yes  No

**Company Logo** – please email a high resolution, .jpg/.png version of your company logo to the MONA/VTLS office

### EXHIBIT DETAILS

Exhibits are held on **August 12, 2026**. Exhibitor display fees include ONE 6 ft. tabletop display, chair(s), and ONE lunch ticket. Additional representatives wishing to participate in the luncheon need to purchase a ticket. There is an additional charge for organizations needing electricity run to their booth space – see below and select if applicable.

Please mark the space & services you are requesting below:

**6ft. Tabletop Display** – \$500.00 (*space is limited; placement provided on a first-come basis*)

**1 Electrical Outlet** – \$40.00

**Additional Luncheon Ticket** – \$25.00 Number needed \_\_\_\_\_

*NOTE: Exhibitor applications are reviewed by leadership of the Missouri Nurses Association and Missouri Organization of Nurse Leaders. If it is determined that a company or individual's product, services or information conflicts with or contradicts the mission, purpose or policies of either association, the application will be denied, and if applicable, a refund issued.*

### PAYMENT METHOD

**Check** (Payable to the Missouri Nurses Association, Tax ID# 44-0357675)

**MASTERCARD**  **VISA**  **AMERICAN EXPRESS**  **DISCOVER**

Card#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code (3-4-digit code on back): \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Check here if billing information below is the same as registrant information above.

Billing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Cardholder Email: \_\_\_\_\_

**Refund/Cancellation Policy** – We encourage you to send a qualified substitute if you cannot attend. Exhibit fees, less a \$100.00 enrollment processing fee, will be refunded to exhibitors who cannot participate and notify the Missouri Nurses Association/VTL Solutions office in writing of the cancellation before July 1, 2026. No refunds will be made after July 1, 2026. There will be no refunds due to inclement weather.