



EXHIBIT SPACE CONTRACT

2014 MAPCR Spring Seminar
Johnson Center, Howell, Michigan
April 26, 2014

Space Reservation

(Note: Please let us know if you need more than the standard 120 volts.)

_____ Single 6" table, clothed/skirted (\$80)

_____ Additional 6' Tables (\$25 per table)

Additional Meals

In order for us to keep costs down your registration does not include a meal. If you require a meal, please add on \$25 to your TOTAL COST below.

_____ # of additional meals needed for Saturday

TOTAL SPACE COSTS = \$ _____

TOTAL ENCLOSED: \$ _____

BADGES: Please list the names of your representatives who will need a name badge:

Show Times:
Saturday, April 26, 2014
8:00 a.m. - 5:30 p.m.

Exhibitor assumes responsibility and agrees to indemnify and defend the Michigan Association of Professional Court Reporters and the Johnson Center and their respective employees and agents against any claims or expenses arising out of the use of the exhibition premises. The exhibitor understands that neither the Michigan Association of Professional Court Reporters nor the Johnson Center maintain insurance covering the exhibitor's property and it is the sole responsibility of the exhibitor to obtain such insurance.

Authorized Signature _____

Please fill out the information below and return with full payment to: MAPCR, P.O. Box 366, Pinckney, MI 48169, Tel: 734.498.2627, Fax: 734.498.8415. Checks should be made payable to MAPCR. There will be a \$50 cancellation fee.

Name _____

Company Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____ Email _____

Method of Payment

Check #: _____ MasterCard Visa

Card #: _____ Exp. Date: _____

3-Digit Code: _____ Card Billing Address Street and ZIP Code: _____

Signature: _____

Return Form and Payment by April 16, 2014
For special arrangements, please contact the MAPCR office at 734.498.2627.