

Industry Partner Showcase Registration Form

COMPANY INFORMATION

Name of Company (as you would like it to appear in print) _____

Main Contact (Mr./Ms./Mrs.) _____ Title _____

Corporate Address _____ City _____ State _____ Zip _____

(_____) (_____) _____
Phone Fax E-mail Web Site Address

DESCRIPTION OF YOUR PRODUCT/SERVICE

SPONSORSHIP OPPORTUNITIES

Select the level of sponsorship (MNRSA Industry Partner / Non-Member):

- Keynote - \$1,000 / \$1,250 Networking Session - \$1,000 / \$1,250 Lunch - \$750 / \$850 Breakfast - \$750 / \$850
 Breaks - \$500 / \$600 Industry Partner Showcase - \$350 / \$450 Registration Bag Insertion - \$150 / \$175
 Advertising: Full Page Ad: \$200 / \$250 ½ Page Ad: \$125 / \$150 ¼ Page Ad: \$75 / 100

METHOD OF PAYMENT

Check Enclosed for \$ _____ (Payable to MNRSA)
 Credit Card Payment \$ _____ MasterCard Visa

Cardholder Name: _____ Signature _____
Please Print Legibly

Billing Address: _____ Phone: (____) _____
 Street Address City State Zip

Credit Card # (please write legibly): |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_|

Exp. Date: |_|_|_|_| 3 Digit Security Code: |_|_|_|

Fax this completed form to 952.974.2009, or mail your payment to: MNRSA, P.O. Box 921, Chanhassen, MN 55317

Minnesota Recruiting and Staffing Association | P.O. Box 921 | Chanhassen MN 55317
 Phone: 952.974.3760 | Fax: 952.974.2009 | www.mnrso.org | info@mnrso.org
 For Office Use Only: List Invoice Payment CK#: _____ CC Date: _____ Amt: _____ Cap#: _____ Ref: _____