



MHIMA Annual Spring Meeting ~~~ April 20-22, 2011
Best Western Grand Tree Inn – Bozeman, MT

Vendor Exhibit Registration Form

Company Name _____

Contact Person _____

Mailing Address _____

E-mail address _____

Telephone _____ FAX _____

Name(s) of Rep(s) attending the show: _____

Rep contact number and email if different than above: _____

_____ Our company will donate a door prize for the Thursday evening reception.

Does your display require an electrical outlet and/or any special equipment? Please describe:

Please return the following information to Patti Reisinger no later than March 18, 2011

- 1. This completed Vendor Exhibit Registration Form;**
- 2. Completed Vendor Sponsorship Selection Sheet;**
- 3. Check payable to MHIMA for total fees.**

Confirmation of registration and any additional convention details will be sent upon receipt.

Patti Reisinger Phone: (406)327-4040
Community Medical Center FAX: (406)327-4510
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Missoula, MT 59804

THE MEMBERS OF THE MHIMA THANK YOU FOR YOUR SUPPORT!