

RANGE

BEEF COW SYMPOSIUM XXVIII

TRADE SHOW VENDOR REGISTRATION FORM

Company Name _____ Booth Name _____

Contact Name _____ Title _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address _____ City _____ State _____ Zip _____

Work Phone _____ Home/Cell _____

Email _____ Website _____

List of names of booth personnel (2 per 10x10 booth; 3 per 10x20 booth):

Name _____ Title _____ City _____ Zip _____

Name _____ Title _____ City _____ Zip _____

Name _____ Title _____ City _____ Zip _____

1) Double Exhibit Space (10x20) # _____ X \$1,000 each = \$ _____

2) Single Exhibit Space (10x10) # _____ X \$650 each = \$ _____

3) Outdoor Exhibit Space # _____ X \$650 each = \$ _____

3) Trade Show Donor # _____ X \$500 each = \$ _____

4) Extra Symposium Registration # _____ X \$75 each = \$ _____

These prices supersede any other advertised prices. **TOTAL** \$ _____

RETURN THIS REGISTRATION WITH PAYMENT PAYABLE TO:

Colorado State University Dept. of Animal Sciences
350 West Pitkin St.
Fort Collins, CO 80523-1171

FOR MORE INFORMATION, CONTACT

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