



Family Partnership Parent & Caregiver Retreat
September 6-7, 2019
The Lodge of Four Seasons, Lake Ozark, MO

EXHIBITOR REGISTRATION FORM

Closing date for submission: June 28, 2019 by 4:00 p.m.

Organization/Company Name:	
Contact Person:	
Mailing Address:	
Phone Number:	Email:
Website Address for Retreat Materials:	
Name of Person Attending Retreat (for name badge):	
Name of Person Attending Retreat (for name badge):	
Description of Door Prize (if donating one):	
Do you need electricity at your booth? <input type="checkbox"/> Yes <input type="checkbox"/> No	
To ensure an accurate count, please list the number of individuals attending each meal: Friday evening Saturday breakfast Saturday lunch <input type="checkbox"/> I do not need meals List any dietary restrictions:	
Additional Comments:	

Exhibitors are responsible for their own lodging and travel arrangements. Please refer to the Exhibitor Information Sheet for more information.

If you have questions, please contact Kim Reinhardt at (573) 751-6246 or at Kim.Reinhardt@health.mo.gov