



NEW YORK MARRIOTT MARQUIS
 EMPIRE Complex
 1535 Broadway
 New York, NY 10036
 February 27, 2013 ~ 5:00 PM – 8:00 PM

2013 HEALTH & NUTRITION NETWORKING REGISTRATION & CONTRACT

EXHIBITOR INFORMATION Please fill out the following information exactly as you would like it to appear in show directories and signage.

Brand Name:		Company Name (Billing):	
Contact Name:		Title:	
Address: <input type="checkbox"/>			
City:	State:	Zip:	
Phone:		Mobile (Optional):	
Email:			
Website:			

CONTACT FOR MEDIA

<input type="checkbox"/> Same as above.			
Company Name:			
Contact Name:		Title:	
Address: <input type="checkbox"/>			
City:	State:	Zip:	
Phone:		Mobile (Optional):	
Email:			

ATTENDEE INFORMATION Please list the names of those who will attend on behalf of your company (please print clearly).

Attendee 1:	Title:
Attendee 2:	Title:

PRICING

<input type="checkbox"/> Networking / Attendee Registration	\$600 / Brand
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Networking Registration Includes:

- 3 Hours of networking at Editor Showcase
- 2 Company representative badges
- 4 Drink coupons

PAYMENT INFORMATION Payment: Full payment must be received in the form of a business check or major credit card. Cancellation Notices: Must be in writing and received by December 21, 2012. Exhibitors will receive a full refund minus \$100 handling fee. After December 21, 2012, no refund.

Payment by Credit Card: AMEX Visa MasterCard

Cardholder Name: _____ Card Number: _____

Security Code: _____ Exp Date: _____ Amount Charged: Deposit: \$ _____ Full Amount: \$ _____
 (Check one)

Authorization: _____

Payment by check: Please make check payable to: MM & K, LLC and mail to:
 MM & K, LLC; ATTN: Editor Showcase, 1399 N. Cuyamaca Street; El Cajon, CA 92020

MM & K, LLC is authorized to reserve space for our use in Editor Showcase at the New York Marriott Marquis on February 27, 2013. Signature and payment constitutes company agreement to abide by the cancellation policy and all other rules and policies. MM & K, LLC reserves the right to refuse service to any individual or company.

Submitted by: _____ Date Submitted: _____
 (Authorized Signature)