



2017 Vendor Information/Submission Form

Sponsor/ Vendor	\$ _____	Name of organization: _____
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Organization Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Booth Description: \_\_\_\_\_

Names of booth staff ~			Total due
1.	Complimentary Lunch/ CEU's for 1 Vendor.		~~~
2.	Additional Lunch (\$20) or CEU's (\$75)		
3.	Additional Lunch (\$20) or CEU's (\$75)		

Total Due: \$ \_\_\_\_\_



Minnesota Association of  
Christian Counselors  
651-560-MACC  
11070 183rd Circle NW  
Elk River, MN 55330

Sponsorship questions can be directed to Deb at [info@yourmacc.com](mailto:info@yourmacc.com)

Please mail checks to MACC prior to the conference.