



Innovation Expo™ 2007
October 18, 2007
Sioux Falls Convention Center
Sioux Falls, South Dakota

Exhibitor Registration Form

Step 1: Contact Information

Company Name: _____

Exhibitor 1 Name: _____

Exhibitor 2 Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Company profile: _____

Email logo to patriciab@sdei.org

Step 2: Exhibitor Information/Pricing

Option #1 – Entrepreneur/Inventor/Research* \$150

Yes, I would like to participate in the “Whatchamacallit Invention Contest”

Option #2 – Vendor/Service Provider Display* \$200

*Includes: 10' x 10' booth, 6' table draped, 2 chairs, electricity, 2 admission tickets, 2 lunch tickets

Additional Items:

____ Extra Booth space with table - \$100 or \$150, depending on Option #

____ High speed Internet (DSL) - \$100

Special Requirements: (extension cords supplied by exhibitor) _____

Step 3: Payment Information

Check # _____ (payable to Enterprise Institute)

Please charge my credit card the amount of: _____

___ Master Card ___ VISA

Account Number: _____ Expires: _____

Signed: _____

(For card if name & address differ from above)

Cardholder Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Step 4: Return Form

- Mail form with payment to:

**Enterprise Institute
815 Medary Ave, Suite 201
Brookings SD 57006**

- Fax form with credit card info to: 605-696-7855