SUPPLIER REGISTRATION FORM

Please complete this registration form and return it to Missouri Travel Alliance, 500 SW South Avenue #1112, Blue Springs, MO 64013. You will receive a confirmation email when your form has been received.



April 19-21, 2022 | Branson, Missouri

| Company Name: | | |
|--|-------------------------------------|------|
| Delegate Name: | | |
| Title: | | |
| Address: | | |
| City: | State: | Zip: |
| Phone: | | |
| Website: | | |
| Are you a member of Missouri Travel All | liance: 🗌 Yes 🗌 No | |
| Please provide us with a 50 word descrip | otion of your company: | |
| | | |
| | | |
| Member Payment | | |
| 245 for Missouri Travel Alliance Small Market Members (less than 15,000 population) (Company must maintain Missouri Travel Alliance membership in 2023 to qualify for member rate.) | | |
| \$122.50 for a guest of a Small Marke | rt Member | |
| (Company must maintain Missouri Trav | | |
| \$147.50 for a guest of a Large Marker | t Member | |
| Non-Member Payment | | |
| \$345 for Small Market Non-Members (less than 15,000 population) | | |
| \$172.50 for a guest of a Small Marke | t Non-Member | |
| S445 for Large Market Non-Member | rs (greater than 15,000 population) | |
| \$222.50 for a guest of a Large Marke | et Non-Member | |
| Cancellation Policy: 50% refund if written notice i. The first 70 suppliers will be accepted on a first co | | |

Please make checks payable to Missouri Travel Alliance.

| MISSOURI |
|-----------------------------|
| MISSOURI TRAVEL ALLIANCE |
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IF YOU HAVE QUESTIONS AND/OR YOU NEED AN INVOICE, CONTACT:

Cori Day executivedirector@missouritravel.com 816.266.2513