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EXHIBITOR REGISTRATION FORM

SIGN ME UP: Place of Event _____ Event Date _____

Exhibitor Name _____ YMRC Member? YES NO

Address: _____ City _____ State _____ Zip _____

Phone: _____ Email: _____ Cell _____

Representative Name (To be shown on name badge) _____

Invoice Required? YES NO

Scheduled Marketplace Appointments with **All Planners** with additional Opportunities!

Breakfast - Lunch **and** Dinner with Planners!

\$595 Members

\$795 Non-Members

- **Payment must be received a minimum of (6) weeks prior to the event**
- **Any questions or additional info please contact us**
- **Call 417-593-6238 or email ymrc2011@yahoo.com**

Please mail this completed form and payment to **YMRC at the address below:**

SEE YOU AT THE NEXT YMRC EVENT! Thank you for your support!!

YOUR MILITARY REUNION CONNECTION

1440 State Hwy 248

Ste Q - 449

Branson, MO 65616

"We exceed your expectations"