

**13<sup>th</sup> Annual SDCTM/SDSTA  
Professional Development Conference  
February 3-5, 2005  
Huron, South Dakota**

**Exhibitor Registration Form**

Company Name \_\_\_\_\_  
(As you wish it to appear in the program)

Representative \_\_\_\_\_

Address      Street      \_\_\_\_\_  
                 City, State      \_\_\_\_\_  
                 Zip Code      \_\_\_\_\_

Phone      \_\_\_\_\_

Please indicate the following needs:

Electricity \_\_\_\_ Yes      \_\_\_\_ No

Number of Tables Required \_\_\_\_ (Please specify how many you need)

**Registration Fee: \$150.00 for one table. Each additional table is \$25.00.**

**This registration fee includes a \$75.00 deposit fee that will be refunded if exhibits are open through 6:00 pm and at least one door prize is supplied. Refund checks will be mailed to vendors immediately after the Conference.**

**Total Registration Fee: \_\_\_\_\_ (Make checks payable to SDCTM)**

**Mail this completed form ALONG with the Registration Fee by October 28<sup>th</sup>, 2004 to:**

**Mark Farrand  
SDSTA President  
4009 Brookside Drive  
Rapid City, SD 57702**

**PLEASE NOTE: You are responsible for making your own room reservations at the Crossroads Convention Center. Their phone number is (605) 352-3204.**