

**Mississippi Counseling Association Annual MCA Conference
Mississippi Coast Coliseum and Conference Center
Biloxi, MS**

November 4-6, 2026

Leona Bishop, President 2026-2027

VENDOR FORM

A vendor sells a product for money. MS sales tax must be collected.

As a valued member of the counseling community, the Mississippi Counseling Association wants to personally invite you to be a part of our Fall Annual Conference at the Mississippi Coast Coliseum and Conference Center in Biloxi, MS. So many of you have honored our organization with your participation in the past and we look forward to working with you in the future. If you have not partnered with us before, we'd love to start that partnership this year! It is with your help that we bring together as many as 1,000 members to celebrate our profession and grow together as counseling clinicians. Also, this is a great opportunity for you to engage, educate, market, and network.

If you are interested in becoming an vendor, please complete this form and return it to the MCA Office at the address below along with your payment (cash, check, credit card information or online) as soon as possible, but no later than **October 1, 2026, for the Annual Fall Conference or register online at the MCA webpage (mica.memberclicks.net) under the conference tab.** Checks should be made payable to Mississippi Counseling Association.

MCA Office
Division of Exhibitors, Vendors, Ads, and Sponsors
P.O. Box 5827
Brandon, Mississippi 39047

If you have any questions, please contact the MCA Executive Director, Jayme Sullivan, at mcaoffice@mscounselor.org. You can check us out at mica.memberclicks.net. We look forward to seeing you at our conference in November!

All vendors will receive one lunch ticket. Additional lunch tickets may be purchased.

All vendors are invited to the President's Reception on Wednesday, November 4, 2026.

All vendors are expected to follow the Code of Conduct.

Registration may be completed online under the conference tab or with the attached form.

2026 VENDOR'S CONTACT INFORMATION

(TYPE or PRINT all information)

School/Business Name: _____

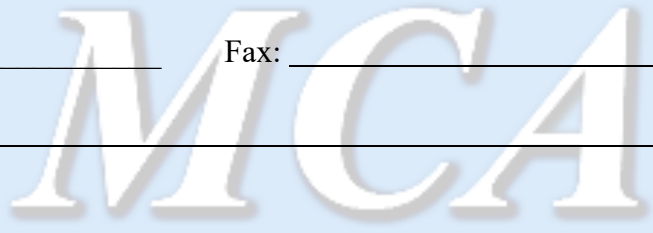
Contact Name: _____

Preferred Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Contact Email Address: _____



Vendor Hours:

Wednesday, November 4th – set up between 7:30 A.M. - 12:00 P.M.

Exhibit Hall opens from 8:00 A.M. - 5:00 P.M.

Thursday, November 5th – Exhibit Hall opens from 7:30 A.M. - 5:00 P.M.

Friday, November 6th – Exhibit Hall is closed.

Vendor Space: Includes 8' tables & 2 chairs. (please select one)

If you plan to give away door prizes, please do it at your own table.

_____ One Table (\$550)

_____ One Table with Electrical Outlet (\$675)

Each additional table will be \$150 each.

_____ Additional Tables

_____ Please indicate if a table skirt is needed by checking this blank.

_____ Number of Additional Lunch tickets (\$50)

Total Due: _____

Credit Card Information

Name on card _____

Exp. Date _____

Card Number _____

Security Code _____

Card Type _____

Billing Zip Code _____

(This information will be destroyed after the card is charged.)

