

**74th Annual MCA Conference
Counselors Helping Counselors
Mississippi Coast Coliseum and Convention Center**

Biloxi, MS

November 6-8, 2024

Steven Stafford, President 2024-25

VENDOR FORM

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

As a valued member of the counseling community, I want to personally invite you to be a part of our 2024 Conference at the Mississippi Coast Coliseum and Convention 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. It is with your help that we bring together as many as 1,200 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 exhibitor, please complete this form and return it to the MCA Office at the address below along with your payment (cash, check, or credit card information) as soon as possible, but no later than **October 1, 2024**. Checks should be made payable to Mississippi Counseling Association.

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

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

2024 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 6th – 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 7th – Exhibit Hall opens from 7:30 A.M. - 5:00 P.M.

Friday, November 8th – Exhibit Hall is closed.

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

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

_____ One Table (\$500) _____ One Table with Electrical Outlet (\$625)

Each additional table will be \$125 each.

_____ Number of Additional Tables

_____ **Please indicate if a table skirt is needed.**

Total Due: _____

Credit Card Information

Name on card _____

Card Number _____

Billing Zip Code _____

Exp. Date _____

Security Code _____

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