2019 Maine Sustainability & Water Conference  
Thursday, March 28, 2019  
Exhibitor Registration Form

- Full table-$180  
- Half-table-$90  
- Additional representative-$55

**Payment by credit card or purchase order:** Please complete the registration form below along with payment information and return by e-mail, fax or mail.

**Payment by check:** Please complete the registration form below and return with payment to the address below. Checks should be made payable to the University of Maine.

Completed registration forms with payment should be returned to:

- Mail: 2019 MSWC, Mitchell Center, University of Maine, 5710 Norman Smith Hall, Orono, ME 04469-5710  
- Fax: 207/581-3320  
- Email: umgmc@maine.edu

Name: ____________________________________________________________________________________________

Organization: ______________________________________________________________________________________

Address: __________________________________________________________________________________________

City: _______________________________ State: _______________________ Zip: ____________________________

Phone: _____________________________ Fax: ________________________ Email: __________________________

Payment Type:  
- Check  
- Credit Card  
- Purchase Order

Dietary restrictions? _________________________________________________________________________________

Power source required? ______________________________________________________________________________

Special needs or requests? ____________________________________________________________________________

Additional representative ($55): ________________________________________________________________________

**Payment by credit card:**

Card type:  
- MasterCard  
- Visa  
Expiration Date: __________________ Code: ______________

Credit card number: _________________________________________________________________________________

Name on card: _____________________________________________________________________________________

Number of registrations to be charged: _____________ Amount to be charged: ________________________________

**Payment by Purchase Order:**

Contact on PO: _____________________________________ Contact Phone: ________________________________

Purchase Order Number: __________________ No. of registrations on PO: __________ Amount of PO: ___________