

EXHIBITOR APPLICATION FORM

CONFERENCE LOCATION: Hyatt Regency Minneapolis, 300 Nicollet Mall, Minneapolis MN 55403, USA

Company:		
Address:		
Contact Name:		
Phone:	Fax:	Email:
Name of On Site Representative (if different than Contact):		
Phone:	Fax:	Email:

Special Requirements: Please list any special requirements needed here.

Fee: \$1200 (US) per exhibit (This does not include incidental charges such as electricity, phone, etc.)

For further exhibit information, contact:

Prof. Rakesh Mallipeddi email: mallipeddi.1@osu.edu Phone: (614) 247-5741

Method of Payment:

An invoice will be sent to you with the payment information.

Return form to:
 Prof. Sushil Gupta
 16949 S. W. 16th Street
 Pembroke Pines, Florida 33027, USA

Electronic scanned forms may be sent to
 Ms. Seema Singhania at
pomsrenewals@gmail.com or to
 Prof. Rakesh Mallipeddi at
mallipeddi.1@osu.edu

FOR ALL OTHER INQUIRIES: Prof. Sushil Gupta, Executive Director, POMS, poms@fiu.edu