



2024 BIZCON SOUTH EXHIBITOR APPLICATION

FEBRUARY 21-22, 2024
Prairie Meadows Hotel, Altoona, IA

BY SIGNING & RETURNING THIS FORM, COMPANY AGREES TO ALL [EXHIBIT RULES & REGULATIONS](#).

COMPANY: _____

ADDRESS: _____

CONTACT: _____ PHONE: _____

EMAIL: _____ SIGNATURE: _____

Main Competitors: _____



MEMBERS		NON-MEMBERS		# OF BOOTHS		TOTAL
\$1500	OR	\$1750	X	_____	=	\$ _____
LIST PREFERRED BOOTH #s (not guaranteed)						



BOOTH SUBTOTAL = \$ _____

PLUS 2023-24 MEMBERSHIP DUES = \$ _____
(SUBMIT IF REQUESTING MEMBER PRICE ON BOOTHS)

TOTAL BALANCE DUE = \$ _____

PAYMENT INFO

TOTAL PAYMENT = \$ _____

SUBMITTING FULL PAYMENT
(Required for non-members)

CHECKS: Send to: BLD Connection
701 Decatur Avenue North, Suite #105
Minneapolis, MN 55427

SEND INVOICE (Members
Only - Due in 30 days)

CREDIT CARD: MasterCard VISA AM EX

NAME ON CARD _____ SIGNATURE _____

CARD # _____ EXPIRATION _____ CVV CODE _____

Return Application To: jodie@bldconnection.org or fax to
(763) 595-4060. Call (763) 595-4058 with questions.