

EXHIBIT SPACE RESERVATION FORM
Minnesota GIS/LIS Consortium's 11th Annual Conference & Workshops
October 10-12, 2001

Please type or print clearly.

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Name(s) of On-site Representatives _____

(exhibit fee includes the cost of two conference registrations)

Brief description of products and/or services for conference program:

PAYMENT DETAILS

_____ (number of booths) x \$525 = \$_____ (if received on or before August 13, 2001)

_____ (number of booths) x \$575 = \$_____ (if received after August 13, 2001)

☐ Check / Money Order (payable to UMD)

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If you have any questions regarding this form, please contact Marge Erickson at merickso@d.umn.edu or call 218-726-6819. Send completed reservation form and payment to:

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