"CELEBRATING A HEALTHIER DETROIT" EXPO 2017
EXHIBITOR REGISTRATION FORM

First Name: __________________________ Last Name: ______________________ Middle Initial: ____________

Name To appear on badge (if different): ________________________________________________________________

Job Title: ____________________________ Company: ________________________________________________

Address: ________________________________________________________________________________________

______________________________________________________________________________________________

City: ____________________________ State/Province: ____________ Zip/Postal Code: ________________

Day Phone: ____________________________ Evening Phone: ________________________________

Fax: ____________________________ E-mail: ________________________________

Special Needs: ____________________________________________________________________________________

How to Register:
Go online to www.mckinneyfoundation.org, scroll down, click Donate on Homepage, and then pay amount indicated on Registration Form below. Receipt will be emailed.

OR

Mail: Send Check or Money Order only payable to:
The McKinney Foundation, Inc.
1907 Orleans Street, Detroit, Michigan 48207

REGISTRATION FEE
1-day Exhibitor for “Celebrating A Healthier Detroit” Expo Wednesday, August 9, 2017
(Note: Last Day to Register is Friday, July 28th for Exhibit Space)

<table>
<thead>
<tr>
<th></th>
<th>By or before Fri, June 30th</th>
<th>On or After Sat, July 1st</th>
<th>SUBTOTAL</th>
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<tbody>
<tr>
<td>□ Non-Profit/Small Business</td>
<td>$75</td>
<td>$85</td>
<td>PAID $__________</td>
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<tr>
<td>□ Medium-Size Business/Association</td>
<td>$450</td>
<td>$500</td>
<td>BALANCE $__________</td>
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PAYMENT

SUBTOTAL $__________