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 05, 2015
(NOTE: Last Day to Register is Wednesday, July 15th for Exhibit Space)

<table>
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<tr>
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<th>Before or By Monday, June 8th</th>
<th>On or After Tuesday, June 9th</th>
<th>SUBTOTAL</th>
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<tr>
<td>□ Non-Profit/Small Business</td>
<td>$75</td>
<td>$85</td>
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<tr>
<td>□ Medium-Size Business/Association</td>
<td>$450</td>
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<td>BALANCE</td>
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PAYMENT

$_____

$_____

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