

**Michigan School Counselor Association Conference (MSCA)**  
**Radisson Plaza Hotel at Kalamazoo Center • Kalamazoo, MI • November 17-18, 2025**

**EXHIBITOR APPLICATION** (PLEASE PRINT)

Application for exhibit space at the 2025 MSCA Conference indicates the applicant's willingness to abide by exhibit terms and general regulations, as Management deems necessary to the success of the exhibition, as long as this does not materially alter the exhibitor's contractual rights. Reference the enclosed *Conference Exhibitor Agreement*. This application will become a contract when a confirming return email is sent by an MSCA authorized representative. Full payment should accompany this application. Federal and state agencies may defer payment if a purchase order is submitted with the application.

Space Requested: Exhibit space will consist of a 8' x 30" skirted table and two chairs. Exhibitors requiring electrical, computer hook-up and phone outlets must make their own arrangements with Radisson Plaza Hotel at Kalamazoo Center. Further information concerning this and shipping information will be sent via email with the exhibitor confirmation.

Organization Name (as it is to appear in the Conference App) \_\_\_\_\_

Website \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ ☐

Contact Name for Exhibiting Correspondance \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

|                                                              |                 |
|--------------------------------------------------------------|-----------------|
| Number of tables purchased _____                             |                 |
| <b>Table #1</b> Name of Primary Representative _____         | <b>TABLE #1</b> |
| Phone _____ Email _____                                      |                 |
| Table #1 Name of Additional Representative (add \$100) _____ |                 |
| <b>Table #2</b> Name of Primary Representative _____         | <b>TABLE #2</b> |
| Phone _____ Email _____                                      |                 |
| Table #2 Name of Additional Representative (add \$100) _____ |                 |
| <b>Table #3</b> Name of Primary Representative _____         | <b>TABLE #3</b> |
| Phone _____ Email _____                                      |                 |
| Table #3 Name of Additional Representative (add \$100) _____ |                 |

|                                                                            |                                                                                                                                                                                                                                                                                                 |          |          |          |          |                                                |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|------------------------------------------------|
| <b>REQUIRED EXHIBITOR TABLE LOCATIONS</b><br>See floor plan for reference. | Choose 5 tables or range of tables where you prefer to be placed. If none of your choices are available, you will be assigned the nearest available table. Please note that tables labeled "SP" are reserved for sponsors. Tables will be assigned in the order they are received and paid for. |          |          |          |          | <input type="checkbox"/> PLEASE CHOOSE FOR ME. |
|                                                                            | CHOICE 1                                                                                                                                                                                                                                                                                        | CHOICE 2 | CHOICE 3 | CHOICE 4 | CHOICE 5 |                                                |

**Save \$50 if you register by August 15, 2025**

**Payment due by October 17, 2025**

|                                                             | Quantity | Amount |
|-------------------------------------------------------------|----------|--------|
| <b>SOLD OUT</b><br>Hallway Tables (\$500 each)              |          |        |
| Great Lakes Tables (\$400 each)                             |          |        |
| One additional Representative per table (\$100 each)        |          |        |
| Less the Early Bird Discount (Good through August 15, 2025) | -50      |        |
| <b>TOTAL DUE:</b>                                           |          |        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>METHOD OF PAYMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>CHECK</b><br>Please make check payable to NCYI, and mail it, along with this completed application to:<br>NCYI, P.O. Box 22185, Chattanooga, TN 37422-2185                                                                                                                                                                                                                                                                                                                                                                      |
| <b>CREDIT CARD</b><br>Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/><br>Card # _____<br>Name on Card _____<br>Billing ZIP _____ Expiration _____ 3-Digit Sec. Code _____<br>Signature _____<br>Email _____<br>If you pay by credit card, you may either mail (see address above), fax, or scan/email your completed application to:<br>FAX: 423.899.4547 / Scan/Email: <a href="mailto:exhibitors@ncyi.org">exhibitors@ncyi.org</a> |

**REFUND POLICY:**  
**See Section 12 on the "Conference Exhibitor Agreement"**

**HOTEL RESERVATION INFORMATION:**  
 The MSCA Conference will be headquartered at the Radisson Plaza Hotel at Kalamazoo Center.  
 To make your reservations, visit the conference webpage at [www.ncyionline.org/mi-scac](http://www.ncyionline.org/mi-scac).

**Questions? Contact NCYI at 866-318-6294**