



# 2025 REGIONAL SAFETY DAYS

## EXHIBITOR OPPORTUNITIES

### CHOOSE THE LOCATIONS YOU WANT TO EXHIBIT AT!

**SEPTEMBER 9<sup>TH</sup>**  
**NORTHWEST REGION**

SOUTHSHORE HOTEL  
 ON LAKE BEMIDJI  
 BEMIDJI, MN

DEADLINE: AUGUST 26<sup>TH</sup>

**SEPTEMBER 30<sup>TH</sup>**  
**NORTHEAST REGION**

DULUTH ENTERTAINMENT  
 CONVENTION CENTER  
 DULUTH, MN

DEADLINE: SEPTEMBER 16<sup>TH</sup>

**OCTOBER 28<sup>TH</sup>**  
**SOUTHERN REGION**

MAYO CLINIC HEALTH  
 SYSTEM EVENT CENTER  
 MANKATO, MN

DEADLINE: OCTOBER 14<sup>TH</sup>

*NETWORKING RECEPTION / PROFESSIONAL DEVELOPMENT COURSES AVAILABLE*

**SPACE RENTAL** INCLUDES ONE 8' TABLE, TWO CHAIRS, TWO LUNCHEON TICKETS AND TWO BOOTH REPS.

- \$340 for *one* Safety Day event
- \$315 each for *two* Safety Day events
- \$265 each for *three* Safety Day events

**ADD ONS**

- \$40 per location to add Electrical
- \$35 for each additional booth staff

**EXHIBITOR EVENT LOCATION(S)**

- Northwest Region · September 9<sup>th</sup> · Bemidji
- Northeast Region · September 30<sup>th</sup> · Duluth
- Southern Region · October 28<sup>th</sup> · Mankato

**PAYMENT INFORMATION**

Total Amount: \$ \_\_\_\_\_

Payment Type:

Check enclosed (payable to *Minnesota Safety Council*, Fed ID #41-0418405)

Credit Card

Visa     MasterCard     American Express

Card # \_\_\_\_\_

Name \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

**RETURN FORM to Linda McNurlin at:**

651-228-7317    linda.mcnurlin@mnscc.org

CONTRACT TERMS: I understand that exhibitor space is limited and is available on a first come, first served basis. Payment in full, payable to the Minnesota Safety Council, is due with the signed contract to reserve your space. **This contract is not valid until paid in full.** No refund will be made for space reserved and not used.

Venue/lodging information at [MinnesotaSafetyCouncil.org](http://MinnesotaSafetyCouncil.org)

**COMPANY INFORMATION**

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**CONTACT INFORMATION**

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**NAME(S) OF PERSON(S) ATTENDING PLEASE PRINT**

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