

# 2026 Exhibitor Registration Form

## 23rd Annual Greater St. Louis Safety & Health Conference

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### Event Overview

**Date:** Thursday, October 8, 2025 · **Time:** 7:30 AM – 4:00 PM  
**Location:** River City Casino · 777 River City Casino Blvd · St. Louis, MO 63125  
**Exhibitor Set-Up:** Wednesday, October 7 · 12:00 PM – 4:00 PM

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### Booth Package Includes

- Admission & meals for **two (2) booth attendants**
  - **6' table** with linen and **two chairs**
  - Grab and Go breakfast, lunch, and afternoon snack
  - Listing on conference website (logo required)
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### Marketing & Logo Submission

Email your company logo and exhibitor information to: [mb.proost@stlsafety.org](mailto:mb.proost@stlsafety.org)

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### Parking & Logistics

- Convenient unloading and loading available - directly into the Exhibitor Hall
  - AMPLE Parking available onsite
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### Contact Information

**Safety Council of Greater St. Louis**  
2330 Hampton Ave · St. Louis, MO 63139  
Phone: 314-621-9200 or 877-237-2338  
Fax: 314-621-9204  
Email: [accounting@stlsafety.org](mailto:accounting@stlsafety.org)  
Website: [www.stlsafety.org](http://www.stlsafety.org)

**Please contact us regarding Sponsorship Opportunities.**  
All conference communications will be sent via email—please ensure accuracy.

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*(Registration information is on the next page)*

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### Registration Information

Primary Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

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

### Booth Fees

- \$450 — includes two (2) attendants
- \$225 — each additional attendant (maximum 3 per booth)

Names of Booth Attendants: \_\_\_\_\_

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### Booth Placement Preferences

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Prefer to be near: \_\_\_\_\_

Prefer NOT to be near: \_\_\_\_\_

Electrical Service Needed? (Add \$50) \_\_\_ Yes

*Booth assignments are made on a first come, first served basis.*

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### Payment Information

Payment Method: \_\_\_ Invoice \_\_\_ Credit Card (Amex · Discover · MasterCard · Visa)

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

TOTAL AMOUNT: \_\_\_\_\_

*Please FAX or CALL IN credit card details for security purposes.*

***Thank you for supporting the 23rd Annual Greater St. Louis Safety & Health Conference!***