

MN AG Expo

January 20th - 21st, 2026

Mayo ClinicHealth SystemEvent Center
1Civic Center Plaza, Mankato, MN 56001



Company Name _____ Contact Person _____
Booth Number _____ On-Site Person (If different from contact) _____
Address _____ City, State, Zip _____
E-Mail _____ Phone # () _____
Signature _____ Date _____

Completion of this form acknowledges and agrees to the conditions and regulations set forth by Mayo Clinic Event Center hereto.

Items checked below are in addition to the furniture provided – 1 skirted 6' table and 2 chairs - and are at the expense of the exhibitor at the rates listed below.

ALL PRICES ARE PER SHOW COST plus APPLICABLE SALES TAX Mayo Clinic Event Center equipment and services are being furnished subject to regulations. Orders will be completed only after payment in full is received.

A. Shipments

Shipping **to** Mayo Clinic Event Center – Items shipped more than 5 Days in advance of conference are subject to \$100/day fee.

Mayo Clinic Event Center, **Event Name & Booth Number**, 1 Civic Center Plaza, Mankato, MN 56001

Shipping **from** Mayo Clinic Event Center – Pre-Purchase and Attach Shipping Label, Call Courier to Schedule Pick-Up

Storage during the show for extra equipment or shipping containers are subject to \$100/day fee.

	Advance	Day of (01/12/26)	Qty.	Total
B. Furniture *Note - Booths have 1-6' table and 2 Chairs included in booth purchase, items below are in addition*				
6' Table – Skirted	\$30	\$60	_____	_____
8' Table – Skirted	\$30	\$60	_____	_____
Cabaret Table – Skirted	\$50	\$100	_____	_____
Folding Chair	\$10	\$20	_____	_____
Black Leather Stool	\$25	\$50	_____	_____
Carpet (10' x 8' section)	\$300	N/A	_____	_____

C. Electrical

120 V. 20 amp single outlet	\$60	\$120	_____	_____
220 V. 30 amp single phase*	\$150	\$300	_____	_____
220 V. 30 amp three phase*	\$150	N/A	_____	_____
50 amp single or three phase*	TBD*	N/A	_____	_____
Hardwired Internet	\$100	\$250	_____	_____

D. Forklift (per use)	\$75	\$150	_____	_____
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SUBTOTAL _____
TAX 7.875% _____

GRAND TOTAL _____

*Note: Any power 30 amp single phase and up is subject to a separate electrical bill along with an inspection fee. The total bill may have to be determined on the day of the show. If at all possible, please include a picture of the cable ends or plugs you plan to use so that we are prepared for your arrival as electrical requirements vary at each expo or show.

Email Completed Forms to csteene@mankatomn.gov
507-387-8448

Payment

Credit Card – A payment link will be sent to your email after completed order forms are received.

Check – Mail or deliver payable checks to:

Mayo Clinic Event Center
c/o Caylee Steene
1 Civic Center Plaza
Mankato, MN 56001

❖ **Notice:** Payment in full must accompany any order. Day-Of rates will apply to any orders not received **7 days prior** to move in of show. Orders placed at show must be paid at time of order.

NOTE: There will be a \$30.00 charge for all checks returned due to non-sufficient funds.

IMPORTANT CONDITIONS AND REGULATIONS

The below-listed conditions and regulations are not all inclusive; additional rules will be given as applicable.

Booth Detail:

- **BOOTH INCLUDES::** 1-6' Table, 2 Chairs, Pipe & Drape (8' back, 3' wings). These items are provided by Lessee at the Lessee's expense and will be in your booth at the scheduled move-in date.
- All material and equipment furnished by the MAYO CLINIC EVENT CENTER for this service order shall remain in the MAYO CLINIC EVENT CENTER and shall be removed **ONLY** by the MAYO CLINIC EVENT CENTER personnel at the close of the show.
- Claims will not be considered unless filed by exhibitor to the MAYO CLINIC EVENT CENTER prior to close of show.

Financial Detail:

- Advance orders (paid in full) must be received a minimum of seven (7) days prior to scheduled exhibitor arrival for move-in.
- Payment in Full must be rendered prior to start of show. Please **DO NOT** send cash in the mail.
- Rates quoted for connections cover only the bringing of service to the booth in the most convenient manner and do not include connecting equipment or special wiring. Rates for special services such as placing cords or relocating service(s) will include a labor charge.
- Rates are based upon current rates and are subject to change without notice.

Electrical Detail:

- Wall, column and permanent building utility outlets are not a part of booth space and are not to be used by exhibitors.
- All equipment, regardless of source of power, must comply with all federal, state and local safety codes.
- Use of open clip sockets, latex or lamp cord wire, duplex or triplex attachment plugs in exhibits is prohibited.
- Under no circumstances shall anyone other than authorized MAYO CLINIC EVENT CENTER personnel make electrical connections.
- Special equipment requiring company engineers or technicians for assembly, service, preparatory work and operation may be executed without the MAYO CLINIC EVENT CENTER electrician. However, all service connections and overload protection to such equipment must be made only by the MAYO CLINIC EVENT CENTER electrician.
- All equipment must be properly tagged and wired with complete information as to type of current, voltage, phase, cycle, horsepower, etc.
- Electrical power for lights and displays will be turned on one hour prior to show opening time and off at show closing time daily.
- Unless otherwise directed, MAYO CLINIC EVENT CENTER electricians are authorized to cut floor coverings to permit installation of service.
- All exhibitors' cords must be of 3-wire ground type. All exposed, non-current carrying metal parts of fixed equipment, which are liable to be energized, shall be grounded.
- Requests for special voltage and/or other "Special requirements" (see front page) must be received by MAYO CLINIC EVENT CENTER 30 days prior to scheduled exhibitor arrival and move-in.
- Obstructions blocking utility floor boxes are subject to relocation as necessary.

Miscellaneous:

- If vehicles, combustible items, or any engine-operated machine is entering the facility, MAYO CLINIC EVENT CENTER must approve and receive liability insurance from the providing company listing CENTER as additionally insured.
- Food samples may be handed out so long as the company has appropriate health code licensure, food items are pre-packaged and do not exceed a 2oz portion.
- Use of helium requires special permissions from MAYO CLINIC EVENT CENTER separate from this form. Please contact your sales representative.
- Send completed ST-19 forms to MAYO CLINIC EVENT CENTER if you are selling any product on premises.

For Internal Use Only

Completed by: _____

AmountPaid: _____

Date: _____

☐ Check
☐ CreditCard ☒ Payment Completed

Comments: _____

☐ Added to spread sheet