

## CONFERENCE EXHIBITOR APPLICATION

### Company Information

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

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

Onsite Representative: \_\_\_\_\_  
(if different from contact)

Contact Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Contact Phone Number: (\_\_\_\_) \_\_\_\_\_ Contact Fax: (\_\_\_\_) \_\_\_\_\_

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

### Exhibitor Options

- Retail** \$700  
Selling a product or promoting a for-profit organization.
- Recruitment** \$300  
Non-profits and government agencies advertising employment opportunities, allows a representative at the table.
- Materials Dist.** \$100  
A presence at the conference, whether for retail sales or employment opportunities, but does not allow for a representative and will share a table with materials from other organizations.

### Payment

- Invoice** Payment must be received before the conference.  
\_\_\_\_ By Email      \_\_\_\_ By Fax      \_\_\_\_ By Mail
- Check** Make checks payable to FMHAC
- Credit Card** (VISA/MC)  
Card # \_\_\_\_\_ exp. \_\_\_\_\_  
Cardholder Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Billing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)  
Email/Fax for confirmation \_\_\_\_\_