

## CONFERENCE EXHIBITOR FORM

### Company Information

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

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

Onsite Representative (s): \_\_\_\_\_

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

(Street)

(City)

(State)

(Zip)

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

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

### Exhibitor Options

**For-Profit** \$700

Selling a product or promoting a for-profit organization.

**Non-Profit/Government** \$300

Non-profits and government agencies advertising employment opportunities, allows a representative at the table.

**Materials Distribution** \$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.

### Conference Exhibiting Information

**Planning** Take a look at the Conference Schedule to plan your three days: <http://fmhac.net/confregister.html>

**Set Up** Please check in when you arrive to receive your nametags. You may set up your exhibit at any time after 10:00 am on the first day. Your exhibit will be set up with 10-15 others in the wide hallway immediately outside our workshop rooms. Exhibit tables are assigned to ensure an even distribution. You will be provided with a 2' x 5' table and tablecloth. The hotel will cover your table at night so you may leave your exhibit supplies on or under the table for safe-keeping.

**Conference Attendance** Unless you have a current Platinum or Gold Corporate Membership, tuition to attend the conference is **NOT** included in the exhibit fee.

**Lodging** Please reserve your hotel rooms online using the link on our conference webpage: <http://fmhac.net/confregister.html>

**Shipments** Send shipments to the conference site c/o Molly Willenbring, FMHAC, arriving no earlier than 3 days prior to the start of the event.

### 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 \_\_\_\_\_