



Exhibitor Registration Opportunity 2009 Annual Conference

August 16-20, 2009

Amway Grand Hotel, Grand Rapids, Michigan

I, am an AUTHORIZED REPRESENTATIVE (office contact person) with address information to receive all corresponding materials relating to Exhibits, Exhibiting at the 2009 ACFSA Conference in Grand Rapids, Michigan. (* Indicates a REQUIRED FIELD)

*NAME _____ TITLE _____

*Company/Organization _____

*Mailing Address _____

*City/State/Zip _____

*CONTACT PHONE _____ FAX _____

*Contact EMAIL _____ Website _____

*Phone for Publication _____ * Email For Publication _____

Please SIGN ME UP TO EXHIBIT AT THE 2009 ACFSA INTERNATIONAL CONFERENCE IN GRAND RAPIDS, MICHIGAN!

ACFSA Member \$1045 each Booth _____ +\$50 _____ = Total Amount _____
Corner Booths \$50 Additional Number of Booths Number of Corner Booths Total

NON- Member \$1530 each Booth _____ +\$50 _____ = Total Amount _____
Corner Booths \$50 Additional Number of Booths Number of Corner Booths Total

Each Booth receives 3 Complimentary full conference attendees. Additional Booth Personnel \$150 per person.

I will need _____ Additional Full Conference Personnel @ \$150 each for a Total Amount of _____
Total

Vendor Show ONLY Additional Badges are \$50 per person. Allows additional Booth Personnel on Show Floor for Show ONLY

I will need _____ Additional Badges @ \$50 each for a Total Amount of _____
Total

Non-Members pay the Member Booth Price if they JOIN ACFSA! ACFSA Membership \$384 Annually **YES** _____
Total

I would like to be a Sponsor for the 2009 Conference! *Minimum Contribution \$250* **YES** _____
Total

I would like to be Scholarship Sponsor for 2009 Conference! *Minimum Contribution \$250* **YES** _____
Total

I will need refrigerated storage _____

I would like information regarding the rental of ACFSA's Mailing List _____

GRAND TOTAL DUE FOR ALL SERVICES_ \$ _____

CANCELLATION DEADLINE IS MAY 15, 2009 ~REQUESTS MUST BE MADE IN WRITING ON OR BEFORE MAY 15, 2009

NO REFUNDS WILL BE MADE AFTER THIS DATE

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

Questions? Call ACFSA at (818)843-6608

Make Checks Payable to ACFSA: Check Number _____

Pay with a Credit Card

Name on Card _____ **Card #** _____

Expiratio _____ **Signature** _____

Send Completed Form to: **ACFSA, 210 N Glenoaks Blvd, SUITE C, Burbank, CA 91502**
 If Paying with a Credit Card, You may FAX your form to **(818)843-7423**