



# Exhibitor Registration Opportunity 2010 Annual Conference

August 22-26, 2010

Town & Country Resort and Hotel - San Diego, California

I, am the AUTHORIZED REPRESENTATIVE (office contact person with address information) to receive all corresponding materials relating to Exhibits, Exhibiting at the 2010 ACFSA Conference in San Diego, California. (\* 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 2010 ACFSA INTERNATIONAL CONFERENCE IN SAN DIEGO,CALIFORNIA

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

**Corner Booths \$50 Additional**

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

**Corner Booths \$50 Additional**

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 2010 Conference! Minimum Contribution \$250 **YES** \_\_\_\_\_  
Total

I would like to be Scholarship Sponsor for 2010 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, 2010 ~REQUESTS MUST BE MADE IN WRITING ON OR BEFORE MAY 15, 2010

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 # \_\_\_\_\_

Expiration \_\_\_\_\_ 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**