



# Exhibitor Registration Opportunity 2012 Annual Conference

August 19-23, 2012

Hyatt Regency New Orleans - *New Orleans, Louisiana*

I, am the AUTHORIZED REPRESENTATIVE (office contact person with address information) to receive all corresponding materials relating to Exhibits, Exhibiting at the 2012 ACFSA Conference in New Orleans, Louisiana. (\* 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 2012 ACFSA INTERNATIONAL CONFERENCE IN NEW ORLEANS, LOUISIANA

ACFSA Member \$1150 each Booth	_____	+\$50	_____	= Total Amount	_____
<b>Corner Booths \$50 Additional</b>	Number of Booths		Number of Corner Booths		Total

NON- Member \$1650 each Booth**	_____	+\$50	_____	= Total Amount	_____
<b>Corner Booths \$50 Additional</b>	Number of Booths		Number of Corner Booths		Total

Each Booth receives 3 Complimentary full conference attendees. Additional Booth Personnel \$200 per person.

I will need \_\_\_\_\_ Additional Full Conference Personnel @ \$200 each for a Total Amount of \_\_\_\_\_  
*Full Conference Personnel will have access to all Educational Sessions and Social Events* 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 2012 Conference! *Minimum Contribution \$250* **YES** \_\_\_\_\_  
*Exclusive Sponsorship Opportunities are available! Call (818)842-6608 or visit www.ACFSA.org for details.* Total

I would like to be Scholarship Sponsor for 2012 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 18, 2012 ~REQUESTS MUST BE MADE IN WRITING ON OR BEFORE MAY 18, 2012

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

Pay with a Check - Payable to ACFSA: Check Number _____			
Pay with a Credit Card			
Name on Card _____	Card # _____		
Expiration _____	V Code _____	Billing Address _____	Zip _____
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**