



Exhibitor Registration Opportunity 2015 Annual Conference

August 23-27, 2015

Conference Center at Niagara Falls – 101 Old Falls St. – Niagara Falls, NY 14303

I am the AUTHORIZED REPRESENTATIVE (office contact person with address information) to receive all corresponding materials relating to Exhibits, Exhibiting at the 2015 ACFSA Conference in Niagara Falls, NY. (* Indicates a REQUIRED FIELD)

*NAME _____ TITLE _____

*Company/Organization _____

*Mailing Address _____

*City/State/Zip _____

*CONTACT PHONE _____ FAX _____

*Contact EMAIL _____ Website _____

*Contact for Publication in Program Book _____

*Phone for Publication _____ * Email For Publication _____

25 word description for publication: _____

PLEASE SIGN ME UP TO EXHIBIT AT THE 2015 ACFSA ANNUAL INTERNATIONAL CONFERENCE IN NIAGARA FALLS, NY

ACFSA Member \$1195each Booth _____ +\$50 _____ = Total Amount _____

Corner Booths \$50 Additional

Number of Booths _____

Number of Corner Booths _____

Total _____

NON- Member \$1675 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 \$200 per person. Additional names and payment will be collected on name badge form closer to conference.

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 2015 Conference! *Minimum Contribution \$250* **YES** _____
Exclusive Sponsorship Opportunities are available! Call (818) 843-6608 or visit www.ACFSA.org for details. Total

I would like to be Scholarship Sponsor for 2015 Conference! *Minimum Contribution \$250* **YES** _____
Total

I will need refrigerated storage _____ (list approx # of boxes and estimate sizes – for planning purposes)
GRAND TOTAL DUE FOR ALL SERVICES \$ _____

NON-EXHIBITING VENDORS ARE NOT PERMITTED AT THE ACFSA CONFERENCE AT ANY TIME

CANCELLATION DEADLINE IS MAY 15, 2015

CANCELLATION REQUESTS MUST BE MADE IN WRITING ON OR BEFORE MAY 15, 2015

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: **Made Payable to ACFSA: Check Number** _____

Pay with a Credit Card: Visa MasterCard American Express

Name on Card _____ Card # _____

Expiration _____ V Code _____ Billing Address _____ Zip _____

Signature _____

Send Completed Form to: **ACFSA, PO Box 10065, Burbank, CA 91510**

If paying with a Credit Card, You may FAX your form to **(818) 843-7423**