Exhibitor Registration Opportunity 2016 Annual Conference

August 28-September 1, 2016

Radisson Blu at Mall of America – 2100 Killebrew Dr. – Bloomington, MN 55425

I am the AUTHORIZED REPRESENTATIVE (office contact person with address information) to receive all corresponding materials relating to Exhibits, Exhibiting at the 2016 ACFSA Conference in Minneapolis, MN. (* Indicates a REQUIRED FIELD) ______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 2016 ACFSA ANNUAL INTERNATIONAL CONFERENCE IN MINNEAPOLIS, MN +\$50 = Total Amount ____ ACFSA Member \$1195 each Booth Corner Booths \$50 Additional Number of Booths Number of Corner Booths +\$50_____ ___ = Total Amount _____ NON- Member \$1625 each Booth** Corner Booths \$50 Additional Number of Booths Number of Corner Booths 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. Full Conference Personnel will have access to and are welcome to attend all Educational Sessions and Social Events **EARLY BIRD PRICES GOOD UNTIL DECEMBER 31, 2015.** Regular pricing will apply after that date - No exceptions **Non-Members pay the Member Booth Price if they JOIN ACFSA! ACFSA Membership \$384 Annually YES ____ I would like to be a Sponsor for the 2016 Conference! *Minimum Contribution* \$250 Exclusive Sponsorship Opportunities are available! Call (818) 843-6608 or visit www.ACFSA.org for details. I would like to be Scholarship Sponsor for 2016 Conference! Minimum Contribution \$250 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, 2016 CANCELLATION REQUESTS MUST BE MADE IN WRITING ON OR BEFORE MAY 15, 2016 NO REFUNDS WILL BE MADE AFTER THIS DATE PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS Ouestions? 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 #_____

> 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

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