



# Exhibitor Registration Opportunity

## 2024 Annual International Conference & Vendor Showcase

August 11-14, 2024

Kansas City Marriott Downtown – 200 W 12<sup>th</sup> St. – Kansas City, MO 64105

I am the AUTHORIZED REPRESENTATIVE (office contact person with address information) to receive all corresponding materials relating to Exhibits, Exhibiting at the 2024 ACFSA Conference in Kansas City, MO (\* 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 2024 ACFSA ANNUAL INTERNATIONAL CONFERENCE IN KANSAS CITY, MO

ACFSA Member \$1395 each Booth _____	+ \$50 _____	= Total Amount _____
<b>Corner Booths \$50 Additional</b>	Number of Booths _____	Number of Corner Booths _____ Total _____

NON- Member \$1825 each Booth** _____	+ \$50 _____	= Total Amount _____
<b>Corner Booths \$50 Additional</b>	Number of Booths _____	Number of Corner Booths _____ Total _____

First Choice(s) \_\_\_\_\_ Second Choice(s) \_\_\_\_\_ Third Choice(s) \_\_\_\_\_  
EVERY EFFORT WILL BE MADE TO ACCOMMODATE DESIRED LOCATION, BUT ACFSA RESERVES THE RIGHT TO RELOCATE IF YOUR SELECTION IS UNAVAILABLE

Each Booth or Display receives 2 Complimentary full conference attendees. Additional Booth Personnel Registrations are available for \$425 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 and encouraged to attend all Educational Sessions and Social Events

\*\*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 Conference! (See Page 5) 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 the Conference! (See Page 6) 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 JUNE 15, 2024

CANCELLATION REQUESTS MUST BE MADE IN WRITING ON OR BEFORE JUNE 15, 2024 - 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 \_\_\_\_\_ 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 completed form to (818) 843-7423 or email Amber@ACFSA.org