

## CONFERENCE EXHIBITOR APPLICATION

### Company Information

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Onsite Representative: \_\_\_\_\_

Contact Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Contact Phone Number: (\_\_\_\_) \_\_\_\_\_ Contact Fax: (\_\_\_\_) \_\_\_\_\_

Contact Email: \_\_\_\_\_

### Exhibitor Options

**Retail** \$700

Selling a product or promoting a for-profit organization.

**Recruitment** \$300

Non-profits and government agencies advertising employment opportunities, allows a representative at the table.

**Materials Dist.** \$100

A presence at the conference, whether for retail sales or employment opportunities, but does not allow for a representative and will share a table with materials from other organizations.

### Conference Exhibiting Information

You may set up your exhibit at any time after 12:00 pm on the first day (Wednesday). Although we would like you to stay throughout the conference, you may pack up your exhibit at any time. The busiest times for you will most likely be at 5pm, 7pm and 9pm on Wednesday; 8am, 10am, 12noon, 3pm and 5 pm on Thursday; 8am and 10am on Friday.

Your exhibit will be set up with approximately 10 others in a recessed area immediately outside our workshop rooms. You will be provided with a 2' x 5' table and tablecloth. Nametags will be set on each table to ensure an even distribution. The hotel will cover your table at night so you may leave your exhibit supplies on or under the table for safe-keeping. You may also cover it at any time if you step away.

Unless you have paid for a Platinum or Gold level Corporate Membership, tuition to attend the conference is NOT included in the exhibit fee. If you would like to attend the conference, please register on our website, [www.fmhac.net](http://www.fmhac.net).

You can make hotel reservations at the Embassy Suites by calling 831-393-1115 and mention our conference for the discounted conference rate.

### Payment

**Invoice** Payment must be received before the conference.

\_\_\_\_ By Email      \_\_\_\_ By Fax      \_\_\_\_ By Mail

**Check** Make checks payable to FMHAC

**Credit Card (VISA/MC)**

Card # \_\_\_\_\_ exp. \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Email/Fax for confirmation \_\_\_\_\_