

**Exhibitor Agreement**

**Grand Sierra Resort & Casino ♦ Reno, NV**

*Exhibits: March 30-31*

*Conference Sessions: March 28 – April 1*

**Office Use Only**

Booth Assigned \_\_\_\_\_

Date Processed \_\_\_\_\_

ID# \_\_\_\_\_

**1) Contact Information**

*\*All Fields Required\**

Please type or print the following information. Information will be used for conference signage, exhibitor listings and badges.

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

Web site: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

*\*This person will receive all show information from the IAFC \**

Address: \_\_\_\_\_

City: \_\_\_\_\_ St/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Direct Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Direct Email: \_\_\_\_\_

*Confirmation is sent via email.*

Authorized Signature \_\_\_\_\_

*The signature above acknowledges receipt and agreement to abide by the booth payment schedule and to all show rules and regulations.*

**2) Payment & Cancellation Policy**

- Exhibit space will not be held without a completed and signed exhibitor agreement
- A deposit equaling 50% of the total cost of space requested is must accompany this application. An invoice will be sent via email as part of space confirmation. The balance is due **January 1, 2010**. Applications received after this date must include full payment.
- **Cancellation Policy:** If written cancellation is received by January 1, 2010, 25 percent of total due will be retained by the IAFC. No refunds will be made after January 2, 2010.
- Show Management reserves the right to cancel exhibitor's contract for non-compliance, reassign booth location, or take possession of said space without refund.

**3) Exhibit Space Selection**

Floor plan is available at [www.iafc.org/wui](http://www.iafc.org/wui)

List choices in order of preference:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

**4) Exhibit Space Fees:**

**Standard 10'x10' Booth**

Number of booths \_\_\_\_\_ x \$800 = \$ \_\_\_\_\_

**After January 1, 2010 add \$100 = \$ \_\_\_\_\_**

**5) Method of Payment**

Check Payable to IAFC

AMEX  VISA  MasterCard  Discover

Card # \_\_\_\_\_ CSV# \_\_\_\_\_  
*3 or 4 digit security code*

Exp Date: \_\_\_\_\_ Amount to Charge: \$ \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**6) Return form and appropriate deposit to:**

**Mail with check to:** International Association of Fire Chiefs  
PO Box 75649, Baltimore, MD 21275-5649

**FAX with credit card information to:** 703/273-9363

For more information, please contact Kelly Casillo, Exhibit Sales Manager at 703/537-4840 or [kcasillo@iafc.org](mailto:kcasillo@iafc.org)