

1 REGISTRATION INFORMATION

Company		Address		
City	St/Province	Zip	Country	
Contact Name (printed)		*Authorized Signature		
Phone	Fax	Website		
Email (Booth Contact)	Email (Exhibitor Directory Contact)	Email (Invoice Contact)		

What is your company goal by exhibiting at FRI 2019?

2 SPACE SELECTION

IAFC will assign exhibit space based on availability and in accordance with exhibitor's choice whenever possible. If exhibitor's choice is not available, IAFC will assign the best available space.

Dimensions Preferred (in multiples of 10'): _____ x _____ = _____ sq.ft.

General Exhibit Space Choices: List choices in order of preference

1. _____ 2. _____ 3. _____ 4. _____

Please list any companies you would prefer NOT to be near - we will do our best to accommodate

1. _____ 2. _____ 3. _____ 4. _____

Health and Wellness Pavilion Package (Includes carpet, 1 skirted table, 2 chairs, and 1 wastebasket per booth)

3 PRICING

Annual Partnership Fees- Refer to benefits guide for benefit details

- Diamond Partner:** \$15,550
- Emerald Partner:** \$10,550
- Enhanced Web Listing:** \$150 (Increase traffic, gain web exposure and search engine results)
- Ruby Partner:** \$5,550
- Conference Partner:** \$1,550

Booth Size (sq. ft.)	General Exhibitor (per sq. ft.)	Conference Partner (per sq. ft.)	GEM Partner (per sq. ft.)
100 – 2,000	\$17.00	\$15.50	\$14.75
2,001 – 4,000	\$15.00	\$13.75	\$12.75
4,001+	\$14.50	\$13.50	\$12.25
Health & Wellness Pavilion	\$18.50	\$18.50	\$18.50
Innovation Corral	\$18.50	\$18.50	\$18.50

Pricing Total Amount	
Total Exhibit Fees:	\$ _____
Partner Fees:	\$ _____
Enhanced Listing Fee:	\$ _____
Total:	\$ _____
50% Deposit:	\$ _____

4 PAYMENT INFORMATION SIGNATURE BINDS EXHIBITOR LEGALLY TO 2019 FIRE-RESCUE INTERNATIONAL TERMS AND CONDITIONS ENCLOSED

Name as it appears on card	Card #	CSV#
Exp Date	\$ Amount to Charge	Signature of Cardholder

MAIL WITH CHECK TO: International Association of Fire Chiefs
CL500039, P.O. Box 5007,
Merrifield, VA 22116-5007

FAX WITH CREDIT CARD INFORMATION TO: 804-559-0257
EMAIL TO: Tracy Blankenship – tblankenship@iafc.org

PAYMENT SCHEDULE: Exhibitors contracting exhibit space will have (2) scheduled payments.

FIRST PAYMENT of 50% total space cost is due with application. **FINAL PAYMENT** of remaining balance is due by December 1, 2018. By signing the Exhibit Space Contract, you certify that you have the authority to sign the contract and bind the company listed to the Official Rules and Regulations.

LATE FEE: Outstanding balances after December 2, 2018: A late fee of \$200 will be added to balance due.

CANCELLATION POLICY: Cancellation of exhibit space must be made in writing and confirmed by IAFC. Properly requested refunds will be provided per the following schedule: **On or before December 1, 2018** a 50% refund of total space cost; **After December 2, 2018** - no refund