



EXHIBITOR & SPONSORSHIP

Hilton Clearwater
Clearwater Beach, FL
November 8-11, 2018

Office Use Only

Booth Assigned _____

Date Processed _____

ID# _____

1 REGISTRATION INFORMATION *ALL FIELDS REQUIRED

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

Company _____ Website _____ 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 SPONSORSHIP/EXHIBIT OPPORTUNITIES

The Exhibits Department will contact you to confirm availability. Please check below:

- | | | |
|--|---|---|
| <input type="checkbox"/> Tabletop Exhibit* (\$1,000) | <input type="checkbox"/> Coffee/Refreshment Break (\$3,000) | <input type="checkbox"/> Registration Area (\$2,500) |
| <input type="checkbox"/> Ink Pen (\$2,000) | <input type="checkbox"/> Notepad (\$2,500) | <input type="checkbox"/> Networking Reception (\$5,000) |
| <input type="checkbox"/> Attendee Bag Insert (\$1,000) | <input type="checkbox"/> Lanyards (\$2,500) | <input type="checkbox"/> Conference Bag (\$5,000) |
| <input type="checkbox"/> Pre-Conference Workshop (\$1,500) | <input type="checkbox"/> General Session (\$2,500) | <input type="checkbox"/> Lunch on the Beach (\$5,000) |

3 EXHIBIT SPACE FEES

TABLETOP EXHIBIT: Number of Tables _____ x \$1,000 = \$ _____

After Feb. 1, 2018 add \$200: \$ _____

TOTAL AMOUNT DUE: \$ _____

4 PAYMENT INFORMATION

- Check Payable to IAFC AMEX VISA MasterCard

Name as it appears on card _____ Card # _____ CSV# (3 or 4 digit security code) _____

\$ _____

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

- Tabletop Exhibit space and/or sponsorship will not be held without a completed and signed exhibitor agreement
- A nonrefundable deposit equaling 50% of the total cost due must accompany this application. An invoice will be sent via email as part of space confirmation.
- The balance is due July 1, 2018. Applications received after this date must include full payment.
- If written cancellation is received by July 1, 2018, 50% of total due will be retained by the IAFC. No refunds will be made after July 4, 2018.
- Show Management reserves the right to cancel exhibitor's contract for non-compliance, reassign booth location, or take possession of said space without refund.

