

APPLICATION FOR EXHIBIT SPACE

USAFP 2007 Annual Meeting & Exposition - Marriott Hotel - Hilton Head, South Carolina

Meeting Dates: March 11-16, 2007 - Exhibit Dates: March 12-13, 2007

ORGANIZATION: _____
(legal name of organization)

ADDRESS: _____
_____ (mailing address) _____ (physical address, if different)

REPRESENTATIVE: _____
(please print name) (please print title)

PHONE: _____ FAX: _____

EMAIL: _____

The Exhibitor sign(s) for the booth(s) should read: _____

Exhibit Space

Cost per 8'x10' exhibit space: \$1,200

1st choice: _____ 2nd choice: _____ 3rd choice: _____

(If none of these choices are available, USAFP will assign the exhibit space)

Number of Booths: _____ Total Cost: \$ _____

The Application & Payment

Please complete, sign and return the completed application with payment in full for the exhibit space(s) requested to:
USAFP Exhibit Manager, 2301 North Parham Road, Suite 4, Richmond, Virginia 23229.

Checks should be payable to USAFP (tax ID # 54-1763419). If paying by credit card, complete the information below:

Credit Card Information: MasterCard Visa American Express

Card Number: _____ Expiration Date: _____

Cardholder's Signature: _____

Questions? Phone: 804-968-4436, Fax 804-968-4418, E-mail: mschulte@vafp.org

BY SIGNING THIS APPLICATION, EXHIBITOR AGREES TO ABIDE BY THE GENERAL RULES AND REGULATIONS ENCLOSED WITH, AND MADE A PART OF, THIS APPLICATION. (SEE REVERSE SIDE) ACCEPTANCE OF THIS APPLICATION BY THE USAFP CONSTITUTES A BINDING CONTRACT. APPLICATIONS RECEIVED WITHOUT AN AUTHORIZED SIGNATURE AND FULL PAYMENT WILL NOT BE ACCEPTED OR PROCESSED.

Authorized Signature: _____
(Signature) (Title) (Date)

(Office Use)

Booth #: _____ Amount: _____ Date of check: _____

Check #: _____ Credit Card Type: _____ Date Received: _____