

IAFCI ANNUAL TRAINING CONFERENCE 2021

Exhibitor Booth Form

53rd. Anniversary and IAFCI Annual Training Conference

August 30- September 3, 2021 Chicago, Illinois

US Tax ID# 94 - 1730807

Our Company would like to participate.

Please Complete the Following:

Company Name: _____
Contact Person First Name: _____ Last Name: _____
Title: _____ Email: _____
Telephone: _____ Mobile: _____
Address: _____ City: _____
State: _____ Postal Code: _____ Website: _____

Registrant with Booth:

\$1,800 for One Booth

The fee includes initial booth registrant fee and admission to all social events.

Your booth package consists of a 10' x 10' draped booth, 6-foot skirted table, two standard chairs, wastebasket and 7" x 44" one-line identification sign.

Registrant Name: _____ Registrant Title: _____

Booth Associate (s) Attending Networking Events \$650

Booth Assistant (s) Not Attending Networking Events \$350

Booth Associate (s)

First Name: _____ Last Name: _____ Title: _____
E-mail _____

Booth Assistant(s)

First Name: _____ Last Name: _____ Title: _____
E-mail _____

Information from our exhibitor services company will be posted to the IAFCI website, www.iafci.org for your reference. Upon receipt of registration and payment, a confirmation will be forwarded by email.

The Conference will be hosted at the Sheraton Grand Hotel. If you would like more information or would like to reserve your booth, contact the International Office (916) 939-5000, or email to admin@iafci.org

Fees:

Exhibitor Booth(s) Fee: \$ _____
Booth Associate (s) Fee: \$ _____
Booth Assistant (s) Fee: \$ _____
TOTAL FEE PAYMENT DUE: \$ _____

To Make Payment, by Credit Card Payment

Please Contact the IAFCI Office 916-939-5000

To Make Payment by Check:

Please Mail to: Payable to IAFCI
1020 Suncast Lane, Suite 102
El Dorado Hills, CA 95762

Principal Signature: _____ Date: _____