

2018 CONVENTION CONTRACT

Company Name _____

Exhibiting as (if different than above) _____

Address _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____ Phone _____

Website _____

Booth signage to be as follows: _____

Description of your product/service: _____

Primary Contact: _____ Email _____

Exhibitor/Sponsor wishes to have a booth/exhibit/ad space/promotion at the 2018 IFDA Annual Convention. By signing below, Exhibitor/Sponsor acknowledges receipt of the Contract and the IFDA Exhibit Rules and Regulations and agrees to the terms set forth on this page and to the terms and conditions included in the IFDA Terms and Conditions which are incorporated by reference herein. This page, the IFDA Terms and Conditions, and the Prospectus shall constitute the "Contract." This Contract shall be valid and binding only upon acceptance by IFDA.

You/Your agent agree to receive general show communications from show management, from its representatives and from official show vendors.

Authorized Signature: _____ Date: _____

Name (please print): _____ Title: _____

BOOTH SELECTION/AD NOTIFICATION RESERVATION

IFDA will not hold booth/ad space without a contract and full payment. See Terms & Conditions for full details.

_____ Booth Space(s)	\$ _____
_____ Addl booth staff @\$60 pp	\$ _____
_____ Sponsorship	\$ _____
_____ Advertising	\$ _____
_____ List Ad size/Sponsorship	TOTAL \$ _____
<input type="checkbox"/> Check enclosed payable to IFDA	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX	
Number: _____	
Expiration Date: _____	
Name on Card: _____	
Signature: _____	

EXHIBIT SPACE PREFERENCES: Please select three booth choices. IFDA will communicate with the Primary Contact listed on this contract to confirm a location. Indicate your choices below.

#1 _____ #2 _____ #3 _____

We prefer NOT to be near the following companies:
(IFDA will do its best to avoid placing you near those listed, however sometimes it can't be avoided.)

BOOTH # _____
ASSGND DT _____
CNFMN SNT _____

DT RECVD _____
AMOUNT PD _____