

CONFERENCE EXHIBITOR APPLICATION

Company Information

Company: _____

Contact Name: _____

Onsite Representative: _____
(if different from contact)

Contact Address: _____
(Street) (City) (State) (Zip)

Contact Phone Number: (____) _____ Contact Fax: (____) _____

Contact Email: _____

Exhibitor Options

Retail \$700
Selling a product or promoting a for-profit organization.

Recruitment \$300
Non-profits and government agencies advertising employment opportunities, allows a representative at the table.

Materials Dist. \$100
A presence at the conference, whether for retail sales or employment opportunities, but does not allow for a representative and will share a table with materials from other organizations.

Payment

Invoice
 By Email By Fax By Mail

Check Make checks payable to FMHAC

Credit Card (VISA/MC)

Card # _____ exp. _____

Cardholder Name _____

Signature _____

Billing Address _____
(Street) (City) (State) (Zip)

Email/Fax for confirmation _____