



NEAFCS EXHIBIT SPACE APPLICATION

NEAFCS ANNUAL SESSION AND EXHIBITS

SEPTEMBER 20-24, 2010

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Complete all sections of the form. Please type or print.
 Questions? Contact Raquel Navarette 972-371-2570,

Return to: **NEAFCS 2010 Exhibits,**
14070 Proton Road, Suite 100, Dallas, TX 75244 Fax 972-490-4219

Please complete the following:

Full Company Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ Web Site _____

General Company Email Address _____

Marketing/Sales Contact _____ Title _____

Direct Phone _____ Direct Fax _____ Email Address _____

DESCRIPTION OF PRODUCT OR SERVICE NEAFCS reserves the right to determine eligibility of any company or product to participate in the show. To help us determine your eligibility, please describe the product or service you will be exhibiting.

THE EXHIBITOR FLOOR PLAN WILL BE POSTED SOON ON THE NEAFCS WEBSITE FOR EXHIBIT SPACE SELECTION. CHECK THE WEBSITE FREQUENTLY.

ONCE POSTED, PLEASE INDICATE YOUR FIRST THREE CHOICES FOR BOOTH PLACEMENT:

1ST CHOICE: _____ **2ND CHOICE:** _____ **3RD CHOICE:** _____

Booths will be assigned only upon the receipt of this form and full payment. Booths will be confirmed upon return of signed contract.

FEES:

- ___ \$925 for a single booth
- ___ \$650 for first-time Exhibitor OR after 5-year hiatus from Annual Session
- ___ \$475 for a single booth for 501(c)(3) non-profit organization with less than \$500,000 annual operating budget, **OR** University Extension Program, **OR** small 'in region' business exhibiting for the first time at Annual Session
- ___ \$75 for a State sales table

BOOTH RESERVATIONS ARE ONLY CONSIDERED FIRM ONCE PAYMENT & SIGNED CONTRACT ARE RECEIVED. CONFIRMATION WILL BE SENT VIA E-MAIL. PLEASE ADD NEAFCS.ORG TO YOUR SAFE-SENDERS LIST.

___ Registration Bag Insert, \$500 (Another way to reach our attendees)

Payment Method: ___ Check (payable to NEAFCS) ___ Visa ___ MasterCard ___ American Express

Card Number _____ Expiration Date _____

Name on Card _____ Cardholder's Signature _____

Credit Card Billing Address _____

City _____ State _____ Zip _____ Receipt Email Address _____

At this point of the application process, 100% of the exhibit fee must accompany this application.
 (Before June 15th, 50% of this fee is refundable. After that date, this fee will be nonrefundable for eligible exhibitors.)
 If the company is ineligible to exhibit, this fee will be refunded.