



EXHIBIT REPRESENTATIVE REGISTRATION FORM

Each exhibit booth purchase provides for two (2) representatives onsite per booth as well as two (2) tickets for complimentary meals served in the Exhibit Hall ONLY. Please provide the names of those who will be representing your company/organization in the Exhibit Hall at the Annual Session. If your company plans to send more than the allotted representatives to the meeting, additional registrations must be purchased at the reduced rate of \$55.00 per person. Please fill out this form and email or mail to the NEAFCS office with payment for all onsite representatives. **This form must be returned to the NEAFCS office by September 6, 2019 for badges to be included in your onsite exhibit package.**

IMPORTANT – Exhibit badges include meals provided in the exhibit hall only. If you are interested in attending any additional Annual Session events/meals, you must purchase these separately.

Pre-Show Contact Person: _____ Title: _____

Exhibiting Company: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____ Email: _____

Representative Name & Email Address	Registration Fee
(1) _____ <small>(Print name exactly as it is to appear on name badge)</small>	Complimentary
(2) _____ <small>(Print name exactly as it is to appear on name badge)</small>	Complimentary
(3) _____ <small>(Print name exactly as it is to appear on name badge)</small>	\$55
(4) _____ <small>(Print name exactly as it is to appear on name badge)</small>	\$55
TOTAL: _____	

Cancellations/changes to additional representative registrations will be accepted through **September 6, 2019**. Any cancellations after **September 6, 2019** will NOT be refunded. **Registrations are transferable.**

Payment Information

Check Enclosed (*made payable to NEAFCS*) Check Number: _____ Amount Enclosed: _____

Credit Card: Visa MasterCard Amex Amount to charge: _____

Card #: _____ Exp. Date: _____ Security Code*: _____

*This is the 3 digit number found next to the signature panel on the back of the card. For AMEX this is the 4 digit code located on the front of the card.

Name on Card: _____ Signature: _____

Billing Address & Zip Code: _____

Please return to:
Mail: NEAFCS, 325 John Knox Rd, Ste. L103 Tallahassee, FL 32303 **Fax:** (850) 222-3019
Email: elane@executiveoffice.org