

Registration Form for Exhibitors, Vendors, Sponsors and Advertisers

20th Annual Southeast Super Conference - 2014

May 1 - 3, 2014

Hilton Tampa Airport Westshore

2225 N. Lois Avenue

Tampa, FL 33607

(813) 877-6688

Please complete this form and submit it to FALI to register as a Corporate, Retailer, Nonprofit Exhibitor, Sponsor, Vendor, and/or program book Advertiser. NOTICE: Space is limited this year and is on a first come first serve basis.

GENERAL INFORMATION

Check all that apply:

- Corporate Exhibitor Academic/Nonprofit Exhibitor Retail Vendor Advertiser

Company/Org. Name:

Address:

City: State: Zip:

Telephone: () Fax: ()

E-mail: Web Site Address:

Contact: Title:

Our onsite representative and/or booth manager will be:

Company/Org. Name:

Address:

City: State: Zip:

Telephone: () Fax: ()

E-mail: Title:

SECTION I: SPONSORSHIPS and ADDITIONAL INFORMATION

- Presidents Reception (1 Available) x 750.00
Morning Break Sponsor (2 Available) x 650.00
Lunch Break Sponsor (2 Available) x 1200.00
After-Hours Receptions (2 Available) x 1500.00
Happy Hour Dom & Dom Party
Awards Banquet Sponsor (1 Available) x 2500.00
We will contribute as addition gift/raffle items for this years FALI Charity.

Our company/organization write-up of 50 words or less is attached. (Note: Company/Organization write-ups also may be e-mailed to FALI Conference book editor at president@fali.org. Deadline for submissions is March 2nd, 2014. Please include your Logo in a EPS format also to appear on our sponsor banners.

*Liability: Each party involved in the exposition agrees to be responsible for any claims arising out of its own negligence or that of its employees or agents. Each party agrees to be responsible for its own property through insurance or self insurance and shall hold harmless each of the other parties for any damage.

Suggestions giveaway ideas:

I-Pod / I-Phone / I-Pad / Cameras / GPS Units / TV's / PI-Books / Android Tablets / Gift Certificates from: Staples / Office Depot / Best Buy or Your Organization

SECTION II: EXHIBITORS

Yes, we wish to register as an exhibitor at the following rate (please check the appropriate box): this includes one free registration for one exhibitor table attendee.

Corporation Services: \$950

(the above category applies to data/insurance providers)

Retail Store Vendor: \$750

(the above category applies to resellers of products)

Academic Institution: \$650

Nonprofit Organization: \$550

NOTICE: FAIL reserves the right to deny exhibitors space to any organization. – Space is on a first come first serve basis.

SECTION III: Additional Person for Booth

Yes, we wish to register an additional person(s) for our booth staff. Each additional registration for booth staff will be:

By April 11, 2014: \$195 x _____ = \$ _____

After April 11, 2014: \$225 x _____ = \$ _____

Name(s) _____

SECTION IV: SOUTHEASTREN SUPER CONFERENCE PROGRAM BOOK & BANNER ADVERTISING

Yes, we wish to place an ad in the 2014 Conference program book:

Full page Back Page--- \$1,500

Quarter page --- \$ 500

Our camera-ready ad is attached

Full page In-side front -\$1,200

Half page --- \$ 700

I will e-mail our camera-ready ad to you

Full page In-side ---\$ 900

Business Card --- \$ 300

Our Logo –in EPS format is attached for Banners

The closing date for all ads is March 02, 2014. Deadline will be strictly enforced.

PAYMENT INFORMATION

This application becomes a contract when signed. Upon receipt of this completed form and payment, an Exhibitor/Vendor package with details regarding installation, dismantling, facility protection, electrical and special services will be forwarded to you. Space is on a first come first serve basis.

I am an authorized representative of the organization with the authority to sign this application. I also understand the requirements for advertising and agree to meet all deadlines.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Please complete ALL required sections, sign and mail with full payment. Make your check payable to FAIL and include proper notation (Exhibitor, Nonprofit Exhibitor, Vendor and/or Advertising) on the record line.

PAYMENT OPTIONS (Check one): Visa MasterCard Amex Discover Check or Money Order

Credit Card Number: _____ Expiration Date: _____

Name on Card (please print): _____

Authorized Signature: _____

I authorize FAIL to charge the above referenced credit card in the total amount of \$_____

Please mail or email by March 2, 2014

Mail your payment to: FAIL c/o Tim O'Rourke, P.O. Box 2896, Dunedin, FL 34697

Telephone: (727) 463-3515 / Email: president@fail.org

NOTICE: Artwork must be submitted by March 2, 2014 to appear in conference program.