



FLORIDA ART EDUCATION ASSOCIATION
57th FAEA CONFERENCE
The Florida Hotel and Conference Center
1500 Sand Lake Rd, Orlando, FL 32809
OCTOBER 15-17, 2009

EXHIBITION PARTICIPATION AGREEMENT

As a company engaged in the manufacture or distribution of art supplies, equipment, publications or audiovisual materials, or an art education institution, we agree to display selected said products and offerings during the **2009 FAEA Conference**, to be held **October 15-17, 2009**, at The Florida Hotel and Conference Center, 1500 Sand Lake Road, Orlando, Florida 32809, (800) 588-4656. We understand that exhibit set up will take place on Thursday, October 15, 2009.

Our display will be open in the exhibit area on Friday, October 16th through Saturday, October 17th, during the specified hours. A representative of this company, or a person appointed to assume such duties, will be present during the display hours while the area is open to membership. We understand that the display area will be secured during the FAEA General Session.

2008 EXHIBIT SPACE RATES

1 Table	\$375.00
2 Tables	\$355.00 each
3 Tables	\$340.00 each
4 or more Tables	\$320.00 each

Please reserve _____ table(s) for our company for a total due of \$ _____. Spaces will be reserved on a *first come, first serve* basis. Those of you who have specialized exhibit spaces/equipment will be accommodated.

In order to reserve your space we must receive a \$100.00 deposit postmarked no later than June 1, 2009. Final payment is due with a postmark date of August 31, 2009. Cancellation requests must also be made by August 31, 2009 in order to receive a refund of any monies paid, except the deposit. Cancellation requests made after August 31, 2009 will be required to pay the full amount of the reserved exhibit space.

Contact Name: _____ Company: _____

Address: _____ City/State/Zip Code: _____

Telephone: () _____ Email Address: _____

On-Site Representative(s): _____

Brief description of company and/or products for publication (25 words or less): _____

An advertising insertion order form accompanies this form if you would like to advertise in the Conference Program. You may visit our website, at www.faea.org to obtain additional/replacement forms.

Please mail or fax completed forms and checks

made payable to FAEA to:

Florida Art Education Association
402 Office Plaza
Tallahassee, FL, 32301-2757
Fax: 850-942-1793

For questions contact:

Lisa Kammel Raguso, Program Director
Telephone: (850) 345-6284
Email: lisa@faea.org

MC ____ Visa ____ AMEX ____ Discover ____ Exp. Date _____

CC# _____

Cardholder Name _____
(PRINT)

Amount to be Billed _____ Billing Zip Code _____

Signature _____