



2010 MAF Annual Summit & Manufacturers Global Marketplace

November 3-4, Orlando, Florida

EXHIBIT SPACE RESERVATION FORM

2010

EXHIBITOR FEES: \$1,000 fee includes one 8' x 10' booth which includes one 6' table, draped and skirted, one sign, one wastebasket, two chairs. Participation will include a listing of your firm in meeting materials and one (1) full registration for all conference activities.

Name: _____

Organization: _____

Mailing Address: _____

Contact: _____ Title: _____

Phone Number: _____

Fax Number: _____

Email: _____

For badge and meeting materials, please list all representatives who will be attending from your firm/organization on a separate sheet of paper if necessary. The primary representative will receive the full registration. All additional representatives from your firm/organization must pay a reduced registration fee of \$250 per person.

Please complete the following section as appropriate:

| | |
|--|----------|
| Exhibit Booth (includes one registration): | \$1,000 |
| Additional Representatives: _____ X \$250 each = | \$ _____ |
| Total: | \$ _____ |

PAYMENT OPTIONS: (1) Complete this form, save it, and send via e-mail to becky@nstephens.com or (2) fax this form to 850-402-0139 or (3) print and mail with check payable to Manufacturers Association of Florida, 1625 Summit Lake Drive, Suite 300, Tallahassee, FL 32317. Questions? Call 850-402-2954.

Payment method: Check (Make checks payable to FBA)
 Credit Card
 VISA MC AMEX

Credit Card Number: _____

Name on Credit Card: _____

Billing Address: _____

Expiration Date: _____ Security Code: _____

Signature: _____

Please respond by fax, email or by mail to:

Manufacturers Association of Florida
1625 Summit Lake Drive, Suite 300
Tallahassee FL 32317

Phone: 850-402-2954
Fax: 850-402-0139
Email: becky@nstephens.com