

**FLORIDA HEALTH CARE ACTIVITY COORDINATORS ASSOCIATION 2018 Annual Conference:
July 22-25, 2018
EXHIBITOR CONTRACT**

Exhibitor Information/ One Business per Booth (no exceptions)	Payment Information
<p><i>Please print or type information, as it should appear on signs and printed materials.</i></p> <p>Company Name _____</p> <p>Contact Person _____</p> <p>Address _____</p> <p>City _____ State _____ Zip code _____</p> <p>Phone Number _____ Email _____</p> <p>Submitted by _____ Phone _____</p>	<p>Make checks payable to: FHCACA</p> <p><u>Send this contract and payment to:</u></p> <p>Marcia Hurn 1320 8th Street Orange City, FL 32763 Email: mhurn@CFL.rr.com Phone: (386) 668-4426</p>

Product / Services Description
<p><i>Please print a brief description of your company's products / services</i></p> <p>_____</p> <p>_____</p> <p>_____</p>

Prizes / Auction
<p>_____ Yes, I will supply a door prize. _____ No, I will not supply a door prize. Item _____</p> <p>_____ Yes, I will supply an auction item. _____ No, I will not supply an auction item. Item _____</p>

Contractual Agreement	<i>This contract is invalid unless it is signed and dated below</i>
<p>As a representative of my company, I have read the Exhibitor and Sponsor Invitation Packet in its entirety and agree to abide by the terms and conditions there within for FHCACA and Rosen Plaza Hotel, Orlando, FL. Please forward these rules and regulations and a copy of this contract to the person who will be responsible for the exhibit onsite so that person will understand the terms of the contract.</p>	
<p>_____</p> <p>Exhibitor</p>	<p>_____</p> <p>Date</p>

Exhibit's One Day Showcase

- _____ \$100.00 - Discount Fee *Must be received on or before (June 01, 2018)*
- _____ \$125.00 - Regular Fee *If received after (June 01, 2018)*
- _____ \$20.00 - Electricity *(on a first, first come serve basis and payable to FHCACA)*
- _____ \$35.00 - Additional skirted, 6 foot Table

\$ _____ Total

Need Name Person/ person(s) at your booth: for name tags _____

Sponsorships

Check the following item(s) that you are sponsoring:

- _____ Ditty Bags and supplies for such
- _____ Ice Breaker
- _____ Educational
- _____ Key Note Speaker
- _____ End Note Speaker
- _____ Awards / Theme Night
- _____ Breaks
- _____ Meals
- _____ Audio Visual Equipment
- _____ Entertainment

\$ _____ Your Sponsorship Amount

Promotions and Advertisements

Table Display:

- _____ \$75.00 - Discount Fee *Must be received on or before (June 01, 2018)*
- _____ \$100.00 - Regular Fee: *If received after (June 01, 2018)*

NO Online Payments will be accepted

Advertisements:

- _____ \$ 100.00 - Full Page (With Direct Link)
- _____ \$ 50.00 - Half Page (With Direct Link)
- _____ \$ 25.00 - Quarter Page (Add \$50.00 for direct link)
- _____ \$ 10.00 - Business Card (Add 50.00 for direct link)

******Send your digitalized ad to:***

mhurn@CFL.rr.com

Faxed or copied ads cannot be used and no ads will be printed after June 1, 2018 Checks payable to FHCACA

Complimentary Blue Page Ad

Your complimentary business card Blue Page Ad is a feature of your booth fee and will be included in the conference printed materials, and be placed on website. www.FHCACA.org.

Please submit a digitalized business card or business card size ad that includes all of your contact information to:

mhurn@CFL.rr.com Please also include hard copy of business Card with your contract

Examples of this are .jpg, gif, bitmap & word documents. Faxed or copied ads cannot be used.

****** Send your digitalized business card with your contract. No ads will be printed after June 1, 2018.***

Revised 1/24/2018