

FLORIDA HEALTH CARE ACTIVITY COORDINATORS ASSOCIATION
2020 Annual Conference: July 19-22, 2020
EXHIBITOR CONTRACT

Exhibitor Information

Please print or type information, as it should appear on signs and printed materials.
 Company Name _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip code _____
 Phone Number _____ Email _____
 Submitted by _____ Phone _____

Payment Information

Make checks payable to: FHCACA
 Send this contract and payment to:
 Chris Gerard
 Brookdale Ocoee
 80 North Clark Rd
 Ocoee, FL 34761
 407 435-5897
 chrisgerard@gmail.com

Product / Services Description

please print a brief description of your company's products / services

Prizes / Auction

Exhibitors may award prizes to winners at the closing luncheon on Wednesday, July 17.

_____ Yes, I will supply a door prize. _____ No, I will not supply a door prize. Item _____
 _____ Yes, I will supply an auction item. _____ No, I will not supply an auction item. Item _____

Contractual Agreement

This contract is invalid unless it is signed and dated below

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 both FHCACA and The Rosen Plaza Hotel. 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.

 Exhibitor

 Date