

2024 Convention Contract

Company Name: _____

Exhibiting as (if different than above): _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Website: _____

Description of Product/Service: _____

Primary Contact: _____ Phone: _____

Email: _____

Exhibitor/Sponsor wishes to have a booth/exhibit/ad space at the 2024 IFDA Annual Convention. By signing below, Exhibitor/Sponsor acknowledges receipt of the Contract and agrees to the terms set forth on this page, the 2024 IFDA Annual Convention Prospectus, and the Terms & Conditions of Agreement. This Contract shall be valid and binding only upon acceptance by IFDA. You/Your Agent agree to receive general show communications from show management, from its representatives, and from official show vendors.

Printed Name: _____ Title: _____

Authorized Signature: _____ Date: _____

Booth/Ad/Sponsorship Selection

IFDA will not hold booth/ad space without a completed contract and full payment received. See Terms & Conditions for details.

_____ Booth Space(s) \$ _____
_____ Add'l Booth Staff
(\$60 each in addition to included) \$ _____
_____ Sponsorship(s) \$ _____
_____ Advertising \$ _____
Total: \$ _____

Add'l Details for Ad/Sponsorship: _____

CHK AMEX VISA MC DISC

Name: _____

Card #: _____

CVV: _____

Exp: _____

Signature: _____

Exhibit Space Preferences: Please select three booth choices. IFDA will communicate with the Primary Contact listed on this contract to confirm a location.

#1: _____ #2: _____ #3: _____

We prefer to NOT be near the following companies (IFDA will do its best to avoid placing you near those listed. However, sometimes it cannot be avoided.):

Booth Attendee Name(s): _____

