

Florida Cleft Palate-Craniofacial Association Annual Meeting Exhibitor Registration Form

Exhibit Coordinator: _____

Company Name: _____

Phone #: _____ **E-Mail Address:** _____

Exhibit Date: Saturday, January 21, 2023

Exhibit Set up: Between 6:00 a.m. and 7:00 a.m.

Exhibit Hours: 7:00 a.m.-1:00 p.m.

Exhibit Breakdown: Exhibit must be cleared by 5:00 pm on Saturday, January 21, 2023

Booth Fees: (Check one) **Premium \$2,000** **Standard \$1,500** **Non-profit \$500**

Please print name and email address of individuals attending below. Individual email addresses are required for every representative attending. To register additional representatives, please email Sarah Hayes | Sarah.Hayes@Nemours.org

In Person Representatives:

Name: _____ **Email:** _____

Name: _____ **Email:** _____

Name: _____ **Email:** _____

Cancellation Policy: This agreement may be cancelled no later than December 1, 2022 without penalty upon giving written notice to Sarah.Hayes@Nemours.org. Cancellation after this date will result in forfeit of the exhibitor's fee.

Exhibitor's Fee Due: _____

Payment may be made by VISA, MasterCard, American Express or Discover.

Credit Card #: _____ **CVN#:** _____ **Expiration Date:** _____

Name on Credit Card: _____

Address: _____

(address associated with credit card)

Signature _____

(Exhibitor's Signature and Date)

Please sign this sheet and return via email to Sarah.Hayes@Nemours.org

Questions: If you have questions, please contact Sarah Hayes at Sarah.Hayes@Nemours.org.

Space for Use by CME Office

Amount Due _____

Date Received _____

Total Paid _____

