



FLORIDA SHERIFFS ASSOCIATION'S 2009 ANNUAL SUMMER CONFERENCE

July 19-22, 2009

PGA National Resort & Spa

Palm Beach Gardens, FL ★ Phone: 561-627-2000

EXHIBITOR/SPONSOR REGISTRATION FORM

(July 3, 2009 is the cutoff day for your firm's name to appear in the Program.)

PLEASE REGISTER EARLY! Complete and return this form to: Florida Sheriffs Association, P. O. Box 12519, Tallahassee, FL 32317-2519, Phone 850/877-2165, FAX 850/878-8665.

NAME OF COMPANY (Print or Type name as it should appear in Program)

ADDRESS

CITY

STATE

ZIP CODE

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CONTACT

TELEPHONE

FAX

EMAIL (Print or Type)

Briefly describe nature of business: _____

1. If your firm desires exhibit space, please indicate which of the items below apply to your exhibit needs. **A drawing or a brief description of your exhibit would be most helpful.**

- a. Do you have a standing display with a backdrop? ____ Yes ____ No
(If so, please give dimensions: ____ Length ____ Height ____ Depth)
- b. Do you have a tabletop display with a backdrop? ____ Yes ____ No
- c. Do you require tabletop only? ____ Yes ____ No
- d. Number of electrical outlets needed: ____ (110v) *(If you require a 220v outlet, or other special electrical needs, contact Mr. Carmine Rondinelli, Dir. Conference Services of the PGA National Resort & Spa at 561-627-2000 ext. 5109.)*

e. Other exhibit needs: _____

2. Does your firm wish to sponsor or co-sponsor a scheduled function (meal or activity)?
____ Yes ____ No Functions for which sponsorship is needed are shown on the enclosed tentative program. If you would like to sponsor or co-sponsor a conference function or need more information, please call Rneé Stockton at 850/877-2165.

3. Will members of your firm play in the Golf Tournament? ____ Yes ____ No

4. Name and title of each representative of your firm to attend this conference. **Please have each representative return the enclosed Representative Pre-Registration Form to FSA as soon as possible.** (Please type or print as name should appear on name tag)

	Name	Title	Handicap	Yes	No
1)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

REGISTRATION FEES: (\$100.00 non-refundable if you are unable to attend)

Full Exhibitor Fee (includes 2 individual registrations and one booth space) \$725 \$ _____

Additional Representative(s) Registration \$300 @ \$ _____

Additional Booth Space \$725 @ \$ _____

"Take-One" Exhibit Space (\$150); Portfolio Stuffers (\$200) \$ _____

Sponsored Program Event or Activity (minimum contribution \$500 & up) \$ _____

TOTAL REGISTRATION FEES: \$ _____

METHOD OF PAYMENT: (Payment in advance or at time of registration - No Exceptions)

- Check made payable to Florida Sheriffs Association (check no. _____)
- P.O. # if appropriate _____ Visa Mastercard Will Pay at Conference
- Amount to be charged on Credit Card: \$ _____

Credit Card Number:

Expiration Date: ____ / ____

Signature _____

(Print & Sign Name as shown on credit card)