



FLORIDA SHERIFFS ASSOCIATION'S 2010 ADMINISTRATIVE MANAGEMENT & JAIL CONFERENCE

April 5-8, 2010 • Gaylord Palms Resort & Convention Center • Kissimmee

EXHIBITOR/SPONSOR REGISTRATION FORM

(March 19, 2010 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 _____
() ()

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) ____ (220v) *(If you require a 220v outlet, or other special electrical needs, contact Ms. Erica Lasenyik at 407/947-2178 at the Gaylord Palms Resort & Convention Center.)*
 - 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 below. Please place a check mark next to the conference function you would like to sponsor or co-sponsor. If more information is required, please call Rneé Stockton at 850/877-2165.

- Sponsored Events:**
- | | |
|--|---|
| <input type="checkbox"/> Monday Night Reception | <input type="checkbox"/> Wednesday Night Hospitality Hour |
| <input type="checkbox"/> Tuesday Continental Breakfast | <input type="checkbox"/> Thursday Continental Breakfast |
| <input type="checkbox"/> Tuesday Luncheon | <input type="checkbox"/> Refreshment Breaks |
| <input type="checkbox"/> Wednesday Continental Breakfast | <input type="checkbox"/> General Sponsorship |
| <input type="checkbox"/> Wednesday Luncheon | |

3. Name and title of each individual attendee of your firm to attend this conference.
(Please **type or print** as name should appear on name tag)

	Name	Title
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____

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 @	\$ _____
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 FSA (check no. _____) Will Pay at Conference
 Visa Mastercard Amount to be charged on Credit Card: \$ _____

Credit Card Number:

Expiration Date: ____ / ____ Signature _____
(Print & Sign Name as shown on credit card)