



### Exhibitor Registration Form

Company name: \_\_\_\_\_  
Company address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company contact: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Name of Representatives attending Conference: \_\_\_\_\_

#### **Show Hours**

Tuesday, September 12, 2017 8:00 AM to 5:00 PM  
Wednesday, September 13, 2017 8:00 AM to 5:00 PM  
Thursday, September 14, 2017 8:00 AM to 5:00 PM  
Friday, September 15, 2017 8:00 AM to 5:00 PM  
Set up will be Tuesday September 12, 2017 starting at 7:00 AM

Electricity required: Yes \_\_\_ No \_\_\_  
*Your Company must supply all electrical cords and adapters.*

#### *Please reserve the following*

\_\_\_\_\_ Indoor space – 8'X8' for all 4 days @ \$425.00 per space  
\_\_\_\_\_ Indoor space – 8'X8' for \_\_\_\_\_ number of days @ \$125.00 per day, per space  
\_\_\_\_\_ Outdoor space -- approx. 18' X 34' for all 4 days @ \$300.00 per space  
\_\_\_\_\_ Outdoor space -- approx. 18' X 34' for \_\_\_\_\_ number of days @ \$100.00 per day, per space  
Types of wares or equipment to be displayed \_\_\_\_\_

#### **Enter Credit Card information or make check payable to DVFA Conference 2017**

Credit Card Information: Name on Credit Card \_\_\_\_\_  
\_\_\_ Visa \_\_\_ Master Card Card number \_\_\_\_\_  
Expiration date \_\_\_\_\_ Verification code \_\_\_\_\_ Zip Code \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Please print name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date: \_\_\_\_\_

**“Enter form directly while on computer, save file for your records, email file or mail form to DVFA. Email to [wjones@dvfassn.com](mailto:wjones@dvfassn.com)”**

#### **Mail no later than August 8<sup>th</sup>**

DVFA Conference Exhibitor  
P O Box 1849, Dover, DE 19903-1849