

# REFRIGERATED FOODS ASSOCIATION EXHIBITION APPLICATION & CONTRACT

Tampa, FL • Marriott Waterside Hotel • Feb. 17 – 20, 2019

We, the undersigned, do hereby make application for exhibit space for the Refrigerated Foods Association Conference & Exhibition to be held at the Marriott Waterside Hotel. Acceptance of our application by Refrigerated Foods Association constitutes a contract. Absolutely NO refunds for space cancellation will be made after **January 18, 2019**.

Please complete and copy this form for your files before mailing. Send the contract to: Refrigerated Foods Association, 3823 Roswell Road, Suite 208, Marietta, GA 30062. Phone: (678) 426-8175 Fax: (678) 550-4504.

Name of Company: \_\_\_\_\_  
(Name of exhibiting company as it is to appear in program and on badges)

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

(Authorized exhibitor signature)

Print Name of Key Contact to Receive Information: \_\_\_\_\_  
(Person to whom all exhibition mailings will be sent)

1. Print Name of Key Contact to attend Exhibition: \_\_\_\_\_  
(if different from above)

2. Additional "Exhibitor Only" attendees (up to two people – please also complete registration form for all personnel)  
\_\_\_\_\_ (and/or) \_\_\_\_\_

Is your company currently a Refrigerated Foods Association member:  YES  NO

Will you need refrigerated storage space?  YES  NO If yes, how much space? \_\_\_\_\_

Products/services you plan to display: \_\_\_\_\_

Companies you do not wish to be across the aisle from: \_\_\_\_\_

CURRENT MEMBER \_\_\_\_\_ Number of booths at \$1,050/each = \_\_\_\_\_

NON-MEMBER \_\_\_\_\_ Number of booths at \$1,750/each = \_\_\_\_\_

SIZZLE TAPE \_\_\_\_\_ Number of slides at \$100/each = \_\_\_\_\_

**Total amount must be included with application to reserve space.** Method of Payment:

Check - make payable to Refrigerated Foods Association

Credit Card

MasterCard

Visa

American Express

Discover

Name on Card: \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_

BOOTH SELECTION Write booth #(s) you would like, in order of preference:

First \_\_\_\_\_ Second \_\_\_\_\_ Third \_\_\_\_\_ Fourth \_\_\_\_\_

**For Office Use Only**

Date received \_\_\_\_\_ Check # \_\_\_\_\_ Booth assignment \_\_\_\_\_