

First-time exhibitors
please check here

NATIONAL FUNERAL DIRECTORS & MORTICIANS ASSOCIATION, INC.
73rd ANNUAL NATIONAL CONVENTION • JULY 31–AUGUST 5, 2010
EXHIBIT DATES: Tuesday and Wednesday, AUGUST 3–4, 2010
Greater Ft. Lauderdale Broward County Convention Center, Ft. Lauderdale, Florida

CONTRACT FOR EXHIBIT SPACE

CONTRACT MUST BE RECEIVED BY MON., June 14, 2010 (Please print clearly or type)

We hereby agree to the rules and regulations of the National Funeral Directors & Morticians Association, Inc. as set forth herein, all of which are made a part thereof. We further agree to all terms and conditions of the contract. We request the following exhibit space for our own use.

Booth _____ Booth space number(s) _____ Booth space number(s) _____ Booth space number(s) _____
size (i.e., 10x10; 20x30) 1st choice _____ 2nd choice _____ 3rd choice _____

WE WOULD PREFER **NOT** TO BE LOCATED NEAR THE FOLLOWING COMPANIES, ORGANIZATIONS AND/OR AGENCIES, AND IF NECESSARY, WILL WAIVE OUR PRIORITY SPACE ASSIGNMENT TO HAVE THIS REQUEST MET.
(Please give specific firm names, not types of business.)

The NFD&MA reserves the right to assign booth space to avoid conflict of displays or products. All exhibitors will be charged at the fee indicated below:

All booths must be dimensions of 10 x 10 and larger
CORNER BOOTHS or any space including a corner \$16/sq. ft.
ENTRANCE BOOTHS (gray shaded area on floor plan) \$16/sq. ft.
ALL OTHER BOOTHS \$13/sq. ft.
If you would like to create an island booth, there is an additional \$550 fee

TOTAL BOOTH COST

_____ sq. ft. * x \$ _____ per square foot = \$ _____
(Example 10x10 = 100 sq. ft. or 20x30 = 600 sq. ft.)

Prices include:
Standard piping and draping
One (1) identification sign

Full payment must accompany the contract to secure booth. NO EXCEPTIONS.
Booth space cancellations after Fri., July 2, 2010 are nonrefundable.

Name of exhibiting company/organization/agency _____ Type of business (Please be specific) _____
Name to appear on booth sign and floor plan _____
Street Address _____
City, State, Zip _____
Telephone and area code _____ Fax and area code _____ Email _____
Authorized signature _____ Print name/title _____ Date _____

PAYMENT MADE BY Check payable to NFD&MA, Inc.     Name on card _____
Card number _____ Expiration Date _____ Security Code _____ Signature _____

SPACE CONFIRMATION, EXHIBITORS' SERVICE INFORMATION MANUAL AND REGISTRATION MATERIAL SHOULD BE SENT TO: (If different from above)
Name/Title _____
Street Address _____
City, State, Zip _____
Telephone and area code _____ Fax and area code _____

Return one copy of the signed contract to:
NFD&MA
Exhibit Contract
3951 Snapfinger Parkway, Suite 570
Decatur, Georgia 30035

Retain a copy for your records.
Booth space will be assigned in the order that contracts are received.
For additional information contact:
NFD&MA National Office
Telephone 404-286-6680 Fax 404-286-6573

Statement of Exhibit Booth Regulations and Information on reverse side
NFD&MA OFFICE USE ONLY Please do not write in this space
Contract received _____
Total fee \$ _____ Booth No. (s) assigned _____
Confirmation letter sent _____ Processor _____