



Exhibitor Registration Opportunity

2025 Annual International Conference & Vendor Showcase

August 17-20, 2025

Le Meridien Charlotte – 555 South McDowell Street - Charlotte, NC 28204

I am the AUTHORIZED REPRESENTATIVE (office contact person with address information) to receive all corresponding materials relating to Exhibits/Exhibiting at the 2025 ACFSA Conference in Charlotte, NC (* Indicates a REQUIRED FIELD)

*NAME _____ TITLE _____

*Company/Organization _____

*Mailing Address _____

*City/State/Zip _____

*CONTACT PHONE _____ FAX _____

*Contact EMAIL _____ Website _____

*Contact for Publication in Program Book _____

*Phone for Publication _____ * Email for Publication _____

25 word description for publication: _____

PLEASE SIGN ME UP TO EXHIBIT AT THE 2025 ACFSA ANNUAL INTERNATIONAL CONFERENCE IN CHARLOTTE, NC

ACFSA Member \$1395 each Booth _____	+ \$50 _____	= Total Amount _____
Corner Booths \$50 Additional	Number of Booths _____	Number of Corner Booths _____
		Total _____

NON- Member \$1825 each Booth** _____	+ \$50 _____	= Total Amount _____
Corner Booths \$50 Additional	Number of Booths _____	Number of Corner Booths _____
		Total _____

First Choice(s) _____ Second Choice(s) _____ Third Choice(s) _____
EVERY EFFORT WILL BE MADE TO ACCOMMODATE DESIRED LOCATION, BUT ACFSA RESERVES THE RIGHT TO RELOCATE IF YOUR SELECTION IS UNAVAILABLE

Each Booth or Display receives 2 Complimentary full conference attendees. Additional Booth Personnel Registrations are available for \$425 per person. Additional names and payment will be collected on name badge form closer to conference. **Full Conference Personnel will have access to and are welcome and encouraged to attend all Educational Sessions and Social Events**

**Non-Members pay the Member Booth Price if they JOIN ACFSA! ACFSA Membership \$384 Annually YES _____
Total _____

I would like to be a Sponsor for the Conference! (See Page 5) *Minimum Contribution \$250* YES _____
Exclusive Sponsorship Opportunities are available! Call (818) 843-6608 or visit www.ACFSA.org for details. Total _____

I would like to be Scholarship Sponsor for the Conference! (See Page 6) *Minimum Contribution \$250* YES _____
Total _____

I will need refrigerated storage _____ (list approx # of boxes and estimate sizes – for planning purposes)

GRAND TOTAL DUE FOR ALL SERVICES \$ _____

NON-EXHIBITING VENDORS ARE NOT PERMITTED AT THE ACFSA CONFERENCE AT ANY TIME

CANCELLATION DEADLINE IS JUNE 15, 2025

CANCELLATION REQUESTS MUST BE MADE IN WRITING ON OR BEFORE JUNE 15, 2025 - NO REFUNDS WILL BE MADE AFTER THIS DATE

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS Questions? Call ACFSA at (818) 843-6608

Pay with a Check: <i>Made Payable to ACFSA:</i> Check Number _____
Pay with a Credit Card: Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/>
Name on Card _____ Card # _____
Expiration _____ Billing Address _____ Zip _____
Signature _____

Send Completed Form to: **ACFSA, PO Box 10065, Burbank, CA 91510**

If paying with a Credit Card, you may FAX your completed form to **(818) 843-7423 or email Amber@ACFSA.org**