

INSTITUTIONAL-EXHIBITORS REGISTRATION FORM

Return form and check for fees to SEKFCFA, INC.

2259 NORTH MAIN STREET, P.O. BOX 1122, DANVILLE, VA 24543-1122

COMPANY _____

COMPANY CONTACT PERSON _____ ON-SITE CONTACT _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ FAX NUMBER _____ E-MAIL ADDRESS _____

The following Company representatives will attend the next SEKFCFA convention. You must be registered and wear your Name Tag to be on the exhibit floor.

NAME _____ NAME _____ NAME _____

NAME _____ NAME _____ NAME _____

SPACE INCLUDES: 6' table and 2 chairs - Needed? _____ Yes _____ No

ADDITIONAL BOOTH REQUIREMENTS (Please order additional or different furniture from Freeman Decorating) _____

ELECTRICITY REQUIRED? YES _____ NO _____

*****Please order all electrical on enclosed form. Electricity will not be ordered if Electrical Request Form is not filled out.*****

PRODUCT/SERVICE YOUR COMPANY PROVIDES FOR KFC _____

PRODUCT TO BE EXHIBITED _____

FEES AND PAYMENT INFO:

<input type="radio"/>	REGISTRATION FEE - \$150.00 per person X _____ person(s).....	\$ _____
<input type="radio"/>	EXHIBITORS FEE - \$550.00 per space X _____ space(s).....	\$ _____
<input type="radio"/>	MEMBERSHIP DUES (2009-2010 Year – Required per Company).....	\$ 300.00
<input type="radio"/>	SPONSORSHIP CONTRIBUTIONS	\$ _____
(All Sponsors will be listed on poster at Registration Desk – Thank you for your support!!)		
<input type="radio"/>	TOTAL ***	\$ _____

We accept MasterCard, VISA, American Express or Discover or you can enclose a check.

_____ Check Enclosed

_____ Please charge my credit card – Account # _____ Expiration Date _____

(Please check one) MasterCard VISA American Express Discover

***** PAYMENT MUST BE ENCLOSED OR FORWARDED BY THE DEADLINE. WE WILL HOLD NO UNPAID BOOTHS PAST THE DEADLINE DATE.**

We understand and agree that fees paid to SEKFCFA in connection with our exhibit are solely for its services in arranging for the exhibit space with the convention facility and SEKFCFA assumes no responsibility or liability whatsoever for the care and safety of the exhibit, any person attending the convention or exhibit, or any property of ourselves or any such person. In consideration of the opportunity to exhibit at the convention, and without limiting the foregoing, we hereby release SEKFCFA and its directors, officers, employees, and agents and their successors and assignees (the "Indemnitees") from any liability or claim which may arise for loss, damage, or injury to persons or property and agree to hold the Indemnitees harmless from any such liability to or claim by others, which may arise in connection with or by reason of our exhibition at the convention.

DATE: _____ COMPANY _____ BY: _____

TITLE: _____

FOR ADDITIONAL INFORMATION CALL SEKFCFA SEC-TREAS, Bonny Shelton (434) 836-1237

(FOR OFFICE USE ONLY - CUSTOMER # _____ ASSIGNED BOOTH # _____)

This form is required for any booths needing electricity - No electrical will be ordered for you if you have not filled out this form!

ELECTRICAL REQUEST FORM

Please send this form with your Institutional-Exhibitors Registration Form if you will be requiring any electrical hookups in your booth.

NAME OF COMPANY _____

NAME OF COMPANY REPRESENTATIVE IN CHARGE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ FAX NUMBER _____

EMAIL ADDRESS _____

Number of 110 Volt Electrical Outlets needed _____

(Anything over 2 per booth will be considered special electrical and you will be charged after the show.)

Will you be requiring any special electrical hook-up? _____ *(You will be billed after the show.)*

If so, please describe _____

Please describe the type of equipment for which you are ordering electrical hook-up (required for **all** electrical orders)

THANK YOU!

FOR OFFICE USE ONLY: Customer number _____ Booth number _____