

THIS SHOULD BE RETURNED NO LATER THAN **APRIL 19, 2010**

**NON-EXHIBITING VENDOR 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 \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

The following Company representatives will attend the next SEKFCFA convention.

NAME \_\_\_\_\_ NAME \_\_\_\_\_ NAME \_\_\_\_\_

NAME \_\_\_\_\_ NAME \_\_\_\_\_ NAME \_\_\_\_\_

PRODUCT/SERVICE YOUR COMPANY PROVIDES FOR KFC \_\_\_\_\_

**FEES AND PAYMENT INFO:**

o	<b>NON-EXHIBITING VENDOR REGISTRATION FEE</b> –	
	• \$400.00 per person X _____ person(s)	\$ _____
o	<b>MEMBERSHIP DUES</b> (2009-2010 Year – Required per Company) .....	\$ <b><u>300.00</u></b>
o	<b>SPONSORSHIP CONTRIBUTIONS</b> .....	\$ _____
	(All Sponsors will be listed on poster at Registration Desk – Thank you for your support!!)	
o	<b>TOTAL ***</b> .....	\$ _____
	We accept MasterCard, VISA, American Express or Discover or you can e nclose a check.	
	_____ Check Enclosed	
	_____ Please charge my credit card – Account # _____ Expiration Date _____	
	(Please check one) <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express <input type="checkbox"/> Discover	

**\*\*\* PAYMENT MUST BE ENCLOSED OR FORWARDED BY THE DEADLINE.**

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

(FOR OFFICE USE ONLY - CUSTOMER # \_\_\_\_\_ )