

Expo dates: May 27-29, 2025

## EXHIBITOR CONTRACT

(PLEASE PRINT)

Company Name (as it should appear in print)

Please provide a 25-word description of what you will be exhibiting (the FSC reserves the right to edit descriptions)

Please provide the names of representatives to be listed in the Program:

□ Mr. □ Ms. □ Mrs. □ Dr.	PAYMENT INFORMATION
Contact person to receive all exhibitor information	Booth Fee: \$2,250
Contact person's title	<ul> <li>Booth Location preference is available on a first- come, first-served basis.</li> </ul>
Address	<ul> <li>This rate provides two full conference registrations</li> </ul>
City	Please charge my credit card: \$
State/Province Zip/Postal Code	
Phone	Credit Card Number
Web site	Expiration Date CVC #
Email Address	Name of Cardholder (Please Print)
	You may call the office to provide credit card information if you prefer not to email that information.
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If you prefer to pay by check, an invoice will be provided within two business days.

Please email the completed form to Gayle Thompson gthompson@thesterlingcouncil.org 850-922-5316

**ELEVATING PERFORMANCE EXCELLENCE** 

