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FACCS Office of Program Services • PO Box 277807 • Miramar, FL 33027
 Phone: (954) 517-9500 • E-mail: ops@faccs.org

2010 Christian Educators' Convention Exhibitor Registration Form "A View from the Balcony"

October 7-8, 2010 - Orange County Convention Center, Orlando, FL

Organization _____ Phone _____

Address _____ City _____ State _____ Zip _____

E-mail: _____ Web Site: _____

All information above will be printed in the Exhibitor section of the Program and linked on the FACCS web site for one year.

Exhibiting Contact _____ E-mail _____

Telephone for Contact _____

Representative(s) in Booth (limit 4) _____

Description of materials to be exhibited: _____

BOOTH SELECTION AND PRICING

Single Booth* - \$425

Double Booth* - \$825

Triple Booth* - \$1200

**Add \$25 for each corner booth requested*

Booth Location: (go to <http://www.faccs.org/convention10/> to view the Updated Hall Map)

1st Choice # _____ 2nd Choice # _____ 3rd Choice # _____

CONVENTION PROGRAM ADVERTISEMENT

Full Page Inside (b/w) - \$175

Covers are already reserved, sorry.

You will be contacted with ad preparation and submission information.

DOOR-PRIZE DONATION

I would like to donate one item toward the door-prizes given away at the Convention.

Only the first 15 exhibitors electing this option will be permitted to take part in the program. The prize must be a tangible object, service, or gift certificate, not a discount certificate, that is worth \$75 to \$599 in value. We will display your company logo and booth location in one of the General Sessions, announce that you are the donor, and give away your door-prize.

Please contact me, I am interested in sponsoring the CyberSpace Internet Café or Give-A-Way item.

Full payment and registration form must be received before booth(s) will be reserved.

Due to our overhead costs, no refunds will be made after July 1, 2010.

Please make checks payable to **FACCS** or use our online payment system for credit card payments –
www.faccs.org/payments/

I understand that: 1) FACCS reserves the right to assign booth location(s) other than the one(s) desired if the booth(s) is/are not available; 2) the completed registration form and full payment must be made before my booth(s) is/are reserved or my ad included in the Convention Program; and 3) due to overhead costs, no refunds will be made after July 1, 2010.

Signature of Contact: _____ Date: _____

Send registration form (do not fax) and check payment to:

FACCS Office of Program Services Convention 2009 • PO Box 277807 • Miramar, FL 33027