

# 2018 CFSA Fall Conference & Trade Show ATTENDEE & EXHIBITOR REGISTRATION

MONDAY-TUESDAY, OCTOBER 29-30, 2018



Your 2018 registration **INCLUDES** admission to Exhibit Hall, the continental breakfast, luncheon, and President's Reception on Monday, and buffet breakfast, education sessions, and luncheon on Tuesday. Exhibitor Packages **INCLUDE** two full conference personnel registrations along with two free exhibit hall guest passes for admission on Tuesday (does not include meals or education sessions).

Send your completed form: by mail to 49-Y Sherwood Terrace, Lake Bluff, IL, 60044; by fax to 847.295.6647; or by email to gbuckley@cfssa.org. **You may also register online at [www.cfssa.org](http://www.cfssa.org).**

I'M REGISTERING:  ONLY ATTENDEES  EXHIBIT BOOTH PACKAGE & ATTENDEES

FORM NLCOM1

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### ATTENDEE (NON-EXHIBITOR) REGISTRATION RATES

	CFSA Member	Non-Member
2-Day Registration	\$350	\$460
1-Day Registration	\$215	\$275
Spouse Rate (2-Day)	\$240	n/a

### EXHIBITOR REGISTRATION RATES

Standard Booth Package	\$1,195	\$1,800
Premium Booth Package	\$1,295	\$1,900
Exhibitor Showcase (p. 6)	\$250	\$350
Add'l. Personnel (2-Day)	\$325	\$435
4+ Add'l. Personnel (2-Day)	\$300	\$415
Add'l. Personnel (1-Day)	\$190	\$250
Spouse Rate (2-Day)	\$215	n/a

**After August 15**, add \$50 to booth package fees.  
**After October 5**, add \$25 to personnel registration fees.

Are you a CFSA Member?  Yes  No

Was your company a 2017 exhibitor?  Yes  No

Exhibitor Booth Location Preferences (see p.6 in Prospectus)

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

How many tables will you need? (up to 3 included)

0  1  2  3

Do you need electricity at your booth?

Yes (\$110 for 2 days)  No

Exhibitor Showcase Time Preferences

(optional, see p. 6 in Prospectus)

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Full Name <i>(as it should appear on badge)</i>	Email Address <i>(at least one email address required)</i>	Personnel Type <i>(choose one)</i>	Fee <i>(see box)</i>
		<input type="checkbox"/> 2-Day <input type="checkbox"/> Mon. Only <input type="checkbox"/> Tue. Only <input type="checkbox"/> Spouse <input type="checkbox"/> Exhibitor Pkg. Included 2-Day	\$
		<input type="checkbox"/> 2-Day <input type="checkbox"/> Mon. Only <input type="checkbox"/> Tue. Only <input type="checkbox"/> Spouse <input type="checkbox"/> Exhibitor Pkg. Included 2-Day	\$
		<input type="checkbox"/> 2-Day <input type="checkbox"/> Mon. Only <input type="checkbox"/> Tue. Only <input type="checkbox"/> Spouse	\$
		<input type="checkbox"/> 2-Day <input type="checkbox"/> Mon. Only <input type="checkbox"/> Tue. Only <input type="checkbox"/> Spouse	\$
		<input type="checkbox"/> 2-Day <input type="checkbox"/> Mon. Only <input type="checkbox"/> Tue. Only <input type="checkbox"/> Spouse	\$
		<input type="checkbox"/> 2-Day <input type="checkbox"/> Mon. Only <input type="checkbox"/> Tue. Only <input type="checkbox"/> Spouse	\$
Copy this form or attach an additional page to register more than six attendees.			<b>Total Personnel Fees:</b> \$

### PAYMENT METHOD:

- A check is included with this form.
- Payment has been mailed separately.
- Bill my credit card. (Form on opposite side)
- Please bill my company. (CFSA members only)

Booth Package Fee\* \$ \_\_\_\_\_

+ \$110 Electric (if needed) \$ \_\_\_\_\_

+ Attendee Registration Fees \$ \_\_\_\_\_

+ Exhibitor Showcase \$ \_\_\_\_\_

+ Sponsorship (on reverse) \$ \_\_\_\_\_

Signature \_\_\_\_\_

**Exhibitor Cancellation Policy:** Booth package cancellations receive a 50% refund through Sept. 12; no booth refunds after this date. Personnel cancellations receive a full refund through Oct. 14; 50% refund Oct. 15-22; no refunds after this date or for no-shows.

**TOTAL \$** \_\_\_\_\_

*\*Will automatically be adjusted if Premium booth is not available.*