

2010 North American Podiatric Congress Tabletop Commitment Form

2010 North American Podiatric Congress & Exhibition
November 18 – 21, 2010 | Hilton Walt Disney World | Orlando, Florida |
Exhibit Dates: November 18 – 20, 2010

Company Name: _____

PFA Member PAC Member Non-Member (check which applies)

Company Contact (person who will receive all exhibitor information): _____

Address (location where all exhibitor information will be sent): _____

City: _____ State/Province: _____

ZIP/Postal Code: _____ Country: _____

Contact Phone Number: _____

Contact Fax Number: _____

Contact E-mail Address: _____

Your exhibit fee includes a table top space in the Foyer areas between both exhibit halls, one skirted 6' x 30" table, one 7" x 44" booth ID sign, and two chairs. Additional equipment, furniture, telephone/DSL lines, electrical, etc., can be ordered directly from the official exhibit contractor at additional charge to you.

Space Selection

(list your top three Tabletop location preferences here):

First Choice: _____ Second Choice: _____ Third Choice: _____

First Time Exhibitor (check circle)

**All funds are to be paid in U.S. Dollars.*

PFA/PAC Member \$2,500

Non-Member \$3,000

Number of Tabletop spaces Requested: _____ (maximum 2 per company)

Total Cost: _____

To reserve Tabletop placement, a 50 percent deposit must be received with this application, and a valid credit card must be provided even if you are paying by check. The credit card will not be charged unless requested. You agree that your card will AUTOMATICALLY be charged, if final payment has not been received by November 5, 2010 AND a cancellation notice has not been received by the cancellation deadline July 1, 2010. Tabletop payment balances are due August 1, 2010.

Check (drawn on a U.S. bank in U.S. funds and made payable to PFA) is enclosed in the amount of: _____

Charge my: MasterCard VISA American Express Discover

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____

Cardholder's Signature: _____

Return this completed application with deposit to:

Podiatric Footwear Association Dept. 3016 Washington, DC 20042-3016

Credit card users can fax this form to **(202) 367-2172**.

Call Marlene Mirman (202) 367-1139 with questions or concerns about exhibiting.

This contract is valid with the authorizing signature below.

1. I have read and agree to PFA/PAC's Exhibitor Rules and Regulations.

2. I agree to the payment conditions and schedule as specified.

3. I agree that space assigned will be acceptable, UNLESS I contact PFA/PAC. within ten (10) days of notice of booth assignment to make other arrangements.

4. I agree that cancellation of my company's booth space by my company is subject to a \$200 processing fee and after July 1, 2010 will forfeit cost of the booth.

Authorizing Signature: _____

Date: _____