



EXHIBIT RESERVATION FORM

Exhibit Dates: October 26-28, 2020

Complete all information. All correspondence will be directed to your designated contact person.

ADDRESS _____
(Print or type your name as you wish it to appear – only one company name is allowed per exhibit)

ADDRESS _____

CITY _____ STATE OR PROVINCE _____

POSTAL CODE/ZIP +4 _____ COUNTRY _____

PHONE _____ FAX _____

CONTACT PERSON _____ EMAIL _____

WEBSITE _____

EXHIBITOR TYPE: ☐ **PREMIER SUPPORTING EXHIBITOR (\$3,450)** ☐ **PREMIER EXHIBITOR (\$2,800)** ☐ **EXHIBITOR (\$2,300)**

SUSTAINING MEMBERS PLEASE CHECK THE APPROPRIATE BOX TO RECEIVE YOUR DISCOUNT. Contact the Association office to learn more about becoming a Sustaining Member.

☐ **SUSTAINING MEMBER**
(\$300 DISCOUNT OFF TOTAL AMOUNT DUE)

☐ **SILVER SUSTAINING MEMBER**
(\$500 DISCOUNT OFF TOTAL AMOUNT DUE)

☐ **GOLD SUSTAINING MEMBER**
(\$750 DISCOUNT OFF TOTAL AMOUNT DUE)

AMOUNT TO BE CHARGED OR INVOICED \$ _____ ☐ **FULL BOOTH PRICE**
U.S. Funds on U.S. Bank

PAYMENT TYPE: ☐ **CHECK** ☐ **INVOICE**
☐ **MASTERCARD** ☐ **VISA** ☐ **AMERICAN EXPRESS** ☐ **DISCOVER**

CREDIT CARD NUMBER _____

CARD ID #* _____ EXPIRATION DATE _____ CARDHOLDER SIGNATURE _____

*Visa, Mastercard and Discover: See 3-digit Card ID number on the back of the card after account number. American Express: See 4-digit, non-embossed number printed above your account number on the face of your card.

AGREEMENT:

PAYMENT: Full payment is due at time of reservation.

CANCELLATION: A full refund will be processed if your written request is received by the end of the day on Thursday, October 1, 2020. Beginning Friday, October 2, no refund will be issued. All cancellations must be submitted in writing to the Assistant Director.

Signature Required

Date

Return to the IAFP Registration Desk
Farrah Bengel | fbengel@foodprotection.org

Direct Questions to:
Dave Larson | dave@larsonentllc.com
Phone: +1 515.440.2810

