

2019 Annual Conference

April 10-12, 2019 | Linn County Fair & Expo Center | Albany, Oregon

Exhibit Registration

Rec'd:

The information in this box will be published as provided.

Company	
Address	Phone
City, State, Zip	Website
Business Description	

If we have questions about registration, who should we contact?

Administrative contact	Phone
Email	

Registration

	Early Bird	Regular	Quantity	Total	Office Use
	On/Before Feb 15	After Feb 15			
Exhibit Booth – first booth	\$600*	\$700*		\$	
Each additional booth	\$550	\$650		\$	

* Includes membership for one person at \$50. Company must have at least one member to participate in the conference. You will receive two separate invoices, one for membership and one for the conference fee.

Designated Member:
Email:

This person will receive all correspondence from OSFMA and be listed in the member directory.

Booth Location

Booth Choices 1st _____ 2nd _____ 3rd _____ 4th _____

OFFICE USE - Assigned Booth

Activities

Will you attend the Wednesday Reception/Dinner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many?
Will you attend the Thursday Reception?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many?

Registration continued on next page. Must complete both pages.

Attending Representatives

(First 2 are free with each booth purchased. All persons who will be at the conference must be registered. Names are non-transferable after March 29, 2019.)

Name	Title	Free
Email		
Name	Title	Free
Email		
Name	Title	\$20
Email		
Name	Title	\$20
Email		

Attach additional representative names and information on a separate sheet.

	Price	Quantity	Total	Office Use
Additional Representatives	\$20		\$	

Meals	Price	Quantity	Total	Office Use
Lunch – Thursday (2 per booth included free)	\$15		\$	
→ We will use 2/all lunch tickets included in our registration fee. <input type="checkbox"/> Yes <input type="checkbox"/> No				
→ If you won't use all the tickets, please indicated how many you <u>will</u> use: _____				

Golf Tournament Prizes

We'd love donations for tournament participants. Would you like to donate something?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your donation	

Do any representatives have food allergies or need special accommodations? Please provide names with the description.

TOTAL FEES:	\$	Office Use
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Office Use	Order Rec'd	Date	Notes