



Registration for FLA Exhibits

Please provide all requested information and print clearly. For online registration visit www.flalib.org.

Company Name: _____

Exhibit Contact Person: _____ Title: _____

Mailing Address: _____

City/State/Zip Code: _____

Email: _____

Office Phone: _____ Cell/Mobile: _____ Fax: _____

Company Website: _____

Please list your two exhibit representatives:

1. _____ Email: _____

2. _____ Email: _____

Description of your company's products/services (For the Conference Program or mobile app, 30 word maximum).

Email, mail or fax this form to **FLA**
flameetingplanner@gmail.com

Florida Library Association, 541 E. Tennessee St, #103, Tallahassee, FL 32308.

Fax: 850-270-9405



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FEES -- Reference online floorplan booth number and price

| | | | | | | | | | | | | | | | | | |
|-----------------|---|--------------------------------|--------------------------------|---------|---------|--|--------------------------|----------------------|----------------------|-----------------|--------------------------------|-------|-------|------------|-----|-------|---------|
| \$ | Booth # _____ Booth \$: _____ | | | | | | | | | | | | | | | | |
| | <table border="0"> <tr> <td></td> <td style="text-align: center;">Members Only Early Bird</td> <td style="text-align: center;">Advance</td> <td style="text-align: center;">Regular</td> </tr> <tr> <td></td> <td style="text-align: center;"><i>Thru October 31st</i></td> <td style="text-align: center;"><i>Nov.-Dec.2018</i></td> <td style="text-align: center;"><i>Jan.-May 2019</i></td> </tr> <tr> <td>Business Member</td> <td style="text-align: center;">\$795 \$715*</td> <td style="text-align: center;">\$795</td> <td style="text-align: center;">\$895</td> </tr> <tr> <td>Non-Member</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">\$940</td> <td style="text-align: center;">\$1,040</td> </tr> </table> | | Members Only Early Bird | Advance | Regular | | <i>Thru October 31st</i> | <i>Nov.-Dec.2018</i> | <i>Jan.-May 2019</i> | Business Member | \$795 \$715* | \$795 | \$895 | Non-Member | N/A | \$940 | \$1,040 |
| | | Members Only Early Bird | Advance | Regular | | | | | | | | | | | | | |
| | <i>Thru October 31st</i> | <i>Nov.-Dec.2018</i> | <i>Jan.-May 2019</i> | | | | | | | | | | | | | | |
| Business Member | \$795 \$715* | \$795 | \$895 | | | | | | | | | | | | | | |
| Non-Member | N/A | \$940 | \$1,040 | | | | | | | | | | | | | | |
| | _____ # Additional staff x \$ 75 = \$_____. Additional Staff \$75 per person. | | | | | | | | | | | | | | | | |
| \$ | Staff Name: _____ Staff Name: _____ | | | | | | | | | | | | | | | | |
| \$ | 2019 FLA Business Membership (\$250) | | | | | | | | | | | | | | | | |
| \$ | TOTAL AMOUNT | | | | | | | | | | | | | | | | |

METHOD OF PAYMENT

On behalf of my organization, I agree to pay the above amount for the 2019 FLA Conference and to comply with Exhibit rules.

Signature: _____

Please indicate method of payment. Check or PO (made payable to FLA) Credit Card

I authorize the Florida Library Association to charge my:

Visa MasterCard American Express Discover

Credit Card #: _____ Security Code: _____ Exp. Date _____

Name on Card: _____ Phone: _____

Credit Card Billing Address: _____

Signature of Card Holder: _____

Email, mail or fax this form to **FLA**
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