



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, 545 E. Tennessee St, #100-D, Tallahassee, FL 32308.

Fax: 850-270-9405



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

FEES -- Reference online floorplan booth number and price

\$	Booth # _____ Booth \$: _____															
	<table border="1"> <thead> <tr> <th></th> <th>Members Only Early Bird</th> <th>Advance</th> <th>Regular</th> </tr> <tr> <th></th> <th><i>Thru October 31st</i></th> <th><i>Nov.-Dec.2019</i></th> <th><i>Jan.-May 2020</i></th> </tr> </thead> <tbody> <tr> <td>Business Member</td> <td>\$795 \$715*</td> <td>\$795</td> <td>\$895</td> </tr> <tr> <td>Non-Member</td> <td>N/A</td> <td>\$940</td> <td>\$1,040</td> </tr> </tbody> </table>		Members Only Early Bird	Advance	Regular		<i>Thru October 31st</i>	<i>Nov.-Dec.2019</i>	<i>Jan.-May 2020</i>	Business Member	\$795 \$715*	\$795	\$895	Non-Member	N/A	\$940
	Members Only Early Bird	Advance	Regular													
	<i>Thru October 31st</i>	<i>Nov.-Dec.2019</i>	<i>Jan.-May 2020</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: _____															
\$	2020 FLA Business Membership (\$250)															
\$	TOTAL AMOUNT															

METHOD OF PAYMENT

On behalf of my organization, I agree to pay the above amount for the 2020 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: _____

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