



Supporter/Exhibitor Space Application

Complete this form promptly and mail it with your check to insure your space reservation.
All space assignments will be given on a first-come, first-serve basis.

EXHIBITOR FEE INCLUDED IN SUPPORT LEVEL **Full payment must accompany this completed form**

PAYMENT METHOD

Check in the amount of \$ _____ payable to Providence Saint Joseph Medical Center
Federal Tax ID 0951675600

Charge in the amount of \$ _____ Visa MasterCard American Express Discover

Credit Card Number _____ Exp. Date _____/_____/_____

(Charge appears as Providence Saint Joseph Medical Center)

Cardholder Name _____ Signature _____

Mail Checks and Application to
DFCon Administrative Headquarters ❖ 1018 Harding Street ❖ Suite 207 ❖ Lafayette, LA 70503

Company Name _____

Name for booth sign _____

Representative(s) We will send authorized representative a link to register all reps online **Extra reps. \$250 each**

Printed Name of Authorized Person _____

Title _____

Authorized Signature _____

Street Address _____

City _____ State _____ Zip _____

Office Phone _____ - _____ - _____ Fax _____ - _____ - _____

E-Mail _____

Product or Service to be displayed _____

Description of Product _____

(OR ATTACH TYPED DESCRIPTION)

All representatives MUST be registered with the conference.

Freeman Decorating Company
will forward an exhibitor packet immediately upon receipt of your application and payment.

For further information contact Dennis A. Vitrella, Conference Director
1018 Harding Street ❖ Suite 207 ❖ Lafayette, LA ❖ 70503 ❖ Phone 337-235-6606 ❖ Fax 337-235-7300