

Supporter/Exhibitor Space Application

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

EXHIBITOR FEE INCLUDED IN SUPPORT LEVEL

Full payment must accompany this completed form

PAYMENT METHOD

Check in the amount of \$_____ payable to **Valley Presbyterian Hospital, Federal Tax ID 95-1945832**

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

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

(Charge will appear as Valley Presbyterian Hospital)

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

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 OF 35 WORDS OR LESS)

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 or Brandy Raggette, Exhibit Coordinator
1018 Harding Street ♦ Suite 207 ♦ Lafayette, LA ♦ 70503 ♦ Phone 337-235-6606 ♦ Fax 337-235-7300