



FLORIDA THEATRE CONFERENCE VENDOR REGISTRATION FORM

Company Name _____

Contact Person _____

Address _____ City _____ State _____ Zip _____

Phone _____ FAX _____

Email _____

Item	Price	Quantity
Table Request: One Table and Two Chairs	\$100.00	\$ _____
Additional Tables	\$50.00 each	\$ _____
Electrical 120 Volt Outlet	\$40.00 each	\$ _____
	Total	\$ _____

Description of items being sold or displayed:

Approximate price range of items:

I will participate in FLORIDA THEATRE CONFERENCE Exhibitor Area. I understand that I must set up between the hours of 9:00 AM and Noon on Day 1, and provide table staffing for:

DAY 1: From Noon to 5:00 PM

DAY 2: From 10:00 AM to 5:00 PM

DAY 3: From 10:00 AM to 2:00 PM

Signature of Authorized Representative _____ Date _____

**I would also like to advertise in the FTC program which will be distributed to all participants.
I have enclosed payment and camera-ready artwork.**

\$225 Inside cover or back cover (5" x 8")

\$80 Half Page 5" x 4"

\$150 Full page 5" x 8"

\$45 Quarter page (business card)

Advertising deadline is October 1st

Make Check or Money Order Payable to **Florida Theatre Conference**

Mail Completed Form with Payment to:

Florida Theatre Conference
Robert Ankrom
9022 41st Way
Pinellas Park, FL 33782