

# Exhibit Space Contract

## OPFMA TRADE SHOW

November 6, 2006  
Columbus Marriott North  
Columbus, Ohio

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-mail/Web site \_\_\_\_\_

Products or Services to be Featured \_\_\_\_\_

Electrical Hook-up Needed:  Yes  No

Names of Additional Representatives: \_\_\_\_\_

### **Package Choices:**

**Associate Member Package:** \_\_\$595 (10 foot wide) \_\_\$810 (15 foot wide) \_\_\$1,025 (20 foot wide)

**Conference Only:** \_\_\$435 (10 foot wide) \_\_\$650 (15 foot wide) \_\_\$865 (20 foot wide)

### **MEALS:**

Upon request we provide up to two complimentary lunches and dinners. Additional meals are available for \$50 each per person. Please indicate your preferences for meals at the exhibition:

\_\_\_\_\_ Total number of lunches needed (2 are complimentary, extras are \$50 each)

\_\_\_\_\_ Total number of dinners needed (2 are complimentary, extras are \$50 each)

\$ \_\_\_\_\_ **TOTAL COST (include exhibit fees and extra meals, if any):**

\_\_\_\_ Check Enclosed \_\_\_\_ Invoice Us (payment is due by Monday, October 2nd)

\_\_\_\_ We will donate raffle prize(s) for the exhibitor drawing(s).

Prize(s) Donated: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail, fax, or E-mail to OPFMA,  
P.O. Box 835, Cleveland, OH 44070  
Fax: (440) 716-8519, E-mail: [info@opfma.org](mailto:info@opfma.org)  
Questions: (866) 570-7880