



OPFMA Oct 23rd 2017 Trade Show

Columbus Crowne Plaza North Hotel - 6500 Doubletree Ave., Columbus, OH 43229

Exhibitor Space Contract

Company Name _____

Contact Person _____

Street Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Fax: (_____) _____

E-mail _____

Products/Services to be Featured _____

Electrical Hook-up needed: ___ Yes ___ No Note: If Yes, add \$35 to Total.

Attending Representative Names: _____

2017 Exhibitor Registration Fee: ● \$1050 by JUL 1ST ●● \$1200 JUL 2ND - AUG 31ST ●●● \$ 1500 after SEPT 1ST

* Package includes:

- * 8ft skirted table & 2 chairs (extra if needed)
- * (2) complementary lunches – **upon request only** Mark the number of lunches requested _____
- * 2017 OPFMA Attendee Directory
- * Your company - listed on OPFMA website & published in *SpotLight on Maintenance*
 - Booth reservation on a – first come – first served basis
 - Booth reservation secured with payment only

Sponsoring Package Choices:

You may sponsor or co-sponsor one or more of the meals, breaks, or entertainment during the conference.

___ Dinner Sponsor	\$2,500	___ Lunch Sponsor	\$1,700
___ Breakfast Sponsor	\$1,000	___ Break Sponsor	\$500
		___ Entertainment	\$ 750

Special Sponsorship Benefits:

- ◆ Company's Name and/or Logo signage displayed during the Conference
- ◆ Company's support recognized during the Conference and in the SpotLight on Maintenance - OPFMA newsletter
- ◆ SPECIAL recognition along with company's website link is published via e-mail to our mailing list couple of weeks prior to the Conference as well as promoted on the OPFMA website.
- ◆ Sponsorship is Tax Exempt as OPFMA is a not-for-profit educational organization (501) (c) (3) group

Additional Meals Requested

Additional extra meals are available at **\$50/meal**. Specify the number of meals required.

_____ Total number of lunches _____ Total number of dinners

\$ _____ **Exhibition TOTAL Cost** (including: exhibit fee, sponsorship and additional meals, if any)

___ Check Enclosed ___ Invoice us (booth secured only with payment) PO# _____

___ **Check here to participate** in "Exhibitors' Raffle" organized for attendees - **must donate prize to participate!**

OPFMA provides Raffle Tickets. **Great opportunity to promote your company and increase traffic to your booth!**

Describe Prize(s) Donated: _____

Signature: _____

Title: _____ Date: _____

OPFMA * PO Box 835 * CLEVELAND, OH 44070

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Important NOTE: There is a cancellation fee of \$100 and there is NO cancellation refund after Sep 1st 2017.