



# OPFMA Oct 23<sup>rd</sup> 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 1<sup>ST</sup> ●● \$1200 JUL 2<sup>ND</sup> - AUG 31<sup>ST</sup> ●●● \$ 1500 after SEPT 1<sup>ST</sup>

\* 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 may be Tax Deductable 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 1<sup>st</sup> 2017.**