

Company Information (please print):

Company Name: _____
(Submit company name exactly as it should appear on all published Convention materials. Print legibly)

Address: _____

City, State, Zip: _____

Website address: _____

Administrative Contact Information:

Contact Name/Title: _____

Contact Address: _____

City, State, Zip: _____

Contact Phone Number: _____

Contact Email: _____

*Company Description of Service/Product:

Provide a brief description (50 words or less) of service/product for use in Convention Materials. Descriptions with more than 50 words will be edited at the discretion of FCUL. ***Must be received before March 31, 2010 to be included in the Notebook.**

Booth Choices:

Booths are reserved on a first come, first served basis once payment has been received. To request an exhibit hall floor plan, email expo@fcul.org.

Booth Choices: First _____ Second _____
Third _____ Fourth _____

The LSCU Exhibit Hall will be represented by FCUL for the 2010 Convention & Exposition. FCUL reserves the right to place Exhibitors in what it considers a comparable booth if/when the requested choices are not available or are in conflict with competing companies or for any other reason.

I would would not like to be placed next to the following vendor(s):

Company Group:

- Audit & Consulting
- Automotive Solutions
- Collections
- Compliance & Risk Management
- Data Processing
- EFT Services
- Facility Design
- Financial Services
- Human Resources
- Legal Services
- Lending Services
- Marketing
- Member Service Solutions
- Mortgage Services
- Network Security Services
- Operational Solutions
- Misc. _____

Booth Registration Fees:

(Space is available on a first-come-first-served basis.)

Booth Space

End-Cap Double Booth: \$4,500ea
Premium Booth: \$2,500ea
Level 1 Booth: \$2,250ea
Level 2 Booth: \$2,000ea
Level 3 Booth: \$1,795ea

Color Code

Green
Yellow
Orange
Pink
Blue

Booth registration fee includes two representatives. A maximum of two additional representatives may be added at \$195 per person. (Includes Exhibit Hall lunch)

Onsite Exhibiting Representative(s):

The following fields are required for each onsite exhibiting representative. List name(s) exactly as they should appear on name badges. **All representatives are required to be a full-time employee of the exhibiting company.** All representatives are required to supply an individual email address so that conference information is received by all individuals and employment verification can be conducted. All name changes received before May 28, 2010, are free-of-charge. **Representative changes after May 28, 2010, are at a cost of \$35/change.**

Onsite Appointed Official Representative: _____

Representative Title: _____

Representative Email Address: _____

2nd Representative: _____

2nd Representative Title: _____

2nd Representative Email Address: _____

Additional Representative(s) (\$195 per person):

(A maximum of four representatives are allowed per booth.)

Add'l Representative: _____

Add'l Representative Title: _____

Add'l Representative Email Address: _____

2nd Add'l Representative: _____

2nd Add'l Representative Title: _____

2nd Add'l Representative Email Address: _____

Bolded Company Name in Convention Notebook:

Yes, I'd like to have my company's name stand out in the 2010 Convention Notebook for \$395!

Booth Package Option:

Yes, I'd like to include a 6ft skirted table and a trash can with my booth rental for \$125!



Booth Details

- Six Exclusive Exhibit Hours with Access to Credit Union Executives Outside the Exhibit Hall During Other Conference Events
- 8' x 10' Booth Space
- Side & Back Draping
- Two Chairs
- Booth Identification Sign
- Admission for Two Representatives with Exhibit Hall Lunch
- Company Contact Information & Description in Convention Notebook
- Pre-Show List of Registrants
- Admission to Thursday & Friday Educational Sessions, as well as the General Session
- Exhibitor Hospitality Area
- 24-Hour Exhibit Hall Security
- Group Room Rates at the Hotel

Booth Must Be Manned at All Times.

A Maximum of Two Additional Representatives May Be Added at a Cost of \$195 Per Person—Includes Exhibit Hall Lunch.

Children Under the Age of 18 Are Not Allowed in Exhibit Hall at Any Time.

Contract Agreement:

We hereby apply for exhibit space at the 2010 LSCU Convention & Exposition to be held at the JW Marriott Orlando Grande Lakes on June 16-19, 2010, and agree to abide by all the requirements and restrictions in the Contract Terms & Regulations provided on FCUL's website at www.fcul.org and incorporated by reference herein. This includes (but is not limited to) not bringing children under the age of 18 into the Exhibit Hall, dismantling before 2pm on Friday, June 18, and refraining from doing business outside of your rented booth space in the Exhibit Hall. Any Exhibitors not following appropriate Exhibitor etiquette will be asked to refrain. We understand that this is not a contract until officially accepted by the FCUL. **The full rental fee must accompany the agreement.** A full refund of the booth rental price (minus \$250 cancellation fee) will be made upon written request received by exhibit management prior to April 23, 2010. A full refund of the booth rental price (minus \$500 cancellation fee) will be made upon written request received by exhibit management prior to May 7, 2010. A 50 percent refund will be made for cancellation requests received on or after May 7, 2010 but before May 21, 2010. No refunds will be made on or after May 21, 2010.

Return original with payment.
Make checks out to FCUL. Be sure to make a copy for your records.

Mail to: FCUL
Attn: Exhibit Management
PO Box 3108
Tallahassee, FL 323153108

Fax to: 850.558.1105
Email to: expo@fcul.org

Accepted by Exhibitor: _____
Signature

_____ Date

Accepted by FCUL: _____
Signature

_____ Date

Payment Information (required):

All contracts and payments will be managed by FCUL. Make all checks payable to FCUL.

Company Name: _____

Contact Name for Accounting: _____

Contact Phone Number: _____

Email Address: _____

Payment Summary:

Booth Space Registration: \$ _____

Add'l Representative(s): \$ _____

Bolded Company Name: \$ _____

Booth Package Option (Table/Trash Can): \$ _____

Total Amount Enclosed: \$ _____

Invoice Me

Credit Card Authorization

VISA

MasterCard

(American Express and Discover are not accepted.)

_____ Credit Card Number

_____ Card Exp Date

_____ V Number (3-digit number on back of card)

_____ Cardholder's Billing Address

_____ City/State/Zip

_____ Print Name

_____ Authorized Signature