

Exhibitor Registration Form

Company Information	on (please print):		Booth Details		
Company Name: (Submit company name exactly as it should appear on all published Convention materials. Print legibly.)				8' x 10' Booth Space Side & Back Draping	
Address:				Essential Package: Skirted Table, 2	
City, State, Zip:				Chairs, & a Waste Basket Booth Identification Sign	
Website address:				Admission for Two Representatives Pre-Show List of Registrants	
Administrative Contact Information: Contact Name/Title:				Admission to Educational Sessions, Night at the Point Reception, as well as the General Session	
				24-Hour Exhibit Hall Security Group Room Rates at the Hotel Booth Must Be Manned at All Times.	
City, State, Zip:				A Maximum of Two Additional	
Contact Phone Number:				Representatives May Be Added at a Cost of \$225 Per Person.	
Contact Email:				Children Under the Age of 18 Are Not Allowed in Exhibit Hall at Any Time.	
	50 words or less) of serv	ice/product for use in		rials. Description with more than 1, 2018 to be included in the mobile app.	
Booth Registration: Booths are reserved on a fi	irst come, first served b	pasis once payment l	nas been received	. Booth space is \$1,795 per booth.	
Booth Choices: First	Second	Third	Fourth		
LSCU reserves the right to place conflict with competing compa			ooth if/when the requ	uested choices are not available, are in	
I ☐ would ☐ would not lik	ke to be placed next to the	following vendor(s):			



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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 30-days prior to the conference, are free-of-charge. Representative changes within 30-days of the conference are at a cost of \$35/change.

Onsite representatives must be checked in at the LSCU registration desk no later than 3 hours prior to the first Exhibit Hall session. Booth must be assembled and ready for show no later than 2 hours prior to the first Exhibit Hall session. Materials not assembled by this time will be forced through the show contractor at the expense of the exhibitor.

Onsite Appointed Official Representative:			
Representative Title:			
Representative Email Address:			
2nd Representative:			
2nd Representative Title:			
2nd Representative Email Address:			
Additional Representative(s) (\$225 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 Thepresentative Title.			
2nd Add Thepresentative True.			
2nd Add'l Representative Email Address:			

Golf Registration

This tournament benefits the Southeast Credit Union Foundation and includes a scarmble format with a shotgun start, putting contest, hole-in-one prize, proximity contest, and 1st and 2nd place winning teams.

Golf Registraiton Fee: \$200

Sponsorship Opportunities

Getting in front of key credit union descion makers with the message can be difficult in today's competitive and over-exposed marketplace. In an effort to assist companies with this challenge, the League of Southeastern Credit Unions created several awareness opportunities.

Golf Tournament Sponsorships

\$2,000 Water Bottle \$2,000 Golf Towel \$2,000 Golf Bag \$1,500 Custom Caddy Bib \$1,500 Front or Back 9 Pins \$1,250 Breakfast (2) \$700 Hole-in-One \$300 Hole \$300 Tees

Education/Exhibit Hall Sponsorships

\$3,000 Breakfast Sponsor \$2,000 Educational Session Sponsor \$5,000 Opening General Session Official

Other Conference Sponsorships

\$7,500 Tote Bags \$5,000 Hospitality Suite \$1,500 Pen



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Contract Agreement

Credit Unions & Affiliates

We hereby apply for exhibit space at the 2018 Southeast Leadership Development Conference to be held at the Grand Hotel Marriott Resort, Golf & Spa on November 7-8, 2018, and agree to abide by all the requirements and restrictions in the Contract Terms & Regulations provided on LSCU's website at www.lscu.coop/conferences/sldc 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 the published time, 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 LSCU. 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 September 5, 2018. A full refund of the booth rental price (minus \$500 cancellation fee) will be made upon written request received by exhibit management prior to October 3, 2018. A 50 percent refund will be made for cancellation requests received on or after October 5, 2018 but before October 12, 2016. No refunds will be made on or after October 12, 2018.

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

Mail to: LSCU

Attn: Exhibit Management 3692 Coolidge Court Tallahassee, FL 32311

Phone: 850.558.1104 Email to: deirdre.rhodes@myleverage.com

Accepted by Exhibitor: Signat	ure	Date		
Accepted by LSCU: Signature		 Date		
Payment Information (Required) Make all checks payable to LSCU.		☐ <u>Invoice Me</u>		
Company Name:		Credit Card Authorization		
Contact Name for Accounting:		☐ VISA ☐ MasterCard		
Contact Phone Number:		(American Express and Discover are not accepted.)		
Email Address:		Credit Card Number		
Payment Summary		Card Exp Date		
Booth Space Registration:	\$	V Number (3-digit number on back of card)		
Add'l Representative(s):	\$			
Golf Registration: \$		Cardholder's Billing Address		
Sponsorship:	\$	City/State/Zip		
Total Amount Enclosed:	\$	Print Name		
		Authorized Signature		