

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: _____

Booth Details

- 8' x 10' Booth Space
- Side & Back Draping
- Essential Package: Skirted Table, 2 Chairs, & a Waste Basket
- Booth Identification Sign
- Admission for Two Representatives
- Pre-Show List of Registrants
- Admission to Educational Sessions, 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.
- A Maximum of Two Additional Representatives May Be Added at a Cost of \$225 Per Person

Children under the age of 18 are NOT allowed in the Exhibit Hall at any time.

*Company Description of Service/Product:

Provide a brief description (50 words or less) of service/product for use in conference materials. Description with more than 50 words will be edited at the discretion of LSCU. *Must be received before September 20, 2019 to be included in the mobile app.

Booth Registration:

Booths are reserved on a first come, first serve basis once payment has been received. Booth space is \$1,795 per booth.

Booth Choices: First _____ Second _____ Third _____ Fourth _____

(LSCU reserves the right to place Exhibitors in what it considers a comparable booth if/when the requested choices are not available, 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):

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'l Representative Email Address: _____

Golf Registration

Golf Registration Fee: \$200

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

Sponsorship Opportunities

Getting in front of key credit union decision makers with a 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

Other Conference Sponsorships

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

Contract Agreement

We hereby apply for exhibit space at the 2019 Southeast Leadership Development Conference to be held at the Grand Hotel Marriott Resort, Golf & Spa on November 6-8, 2019, 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/slscd 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, 2019. 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, 2019. A 50 percent refund will be made for cancellation requests received on or after October 5, 2019 but before October 12, 2019. No refunds will be made on or after October 12, 2019.

Accepted by Exhibitor: _____
Signature Date

Accepted by LSCU: _____
Signature Date

Payment Information (Required)

Make all checks payable to LSCU.

Company Name: _____

Contact Name for Accounting: _____

Contact Phone Number: _____

Email Address: _____

Invoice Me

Credit Card Authorization

(American Express and Discover are not accepted.)

VISA

MasterCard

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

Payment Summary

Booth Space Registration: \$ _____

Add'l Representative(s): \$ _____

Golf Registration: \$ _____

Sponsorship: \$ _____

Total Amount Enclosed: \$ _____

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**

For any questions, please contact Denise Kelly at denise.kelly@myleverage.com or call 850.558.1104.