OHIO GFOA

2011 CONFERENCE & ANNUAL MEETING

September 21-23, 2011

Cleveland Renaissance Hotel

24 Public Square ♦ Cleveland, OH 44113

EXHIBIT SPACE APPLICATION

Company Name: _____
(***As it should be printed in conference program and signage)**

Contact Name: _____ **Title:** _____
(All information pertaining to this event will be sent to the contact listed ONLY.)

Address: _____ **City**: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax**: _____

Email: _____

Services to be Exhibited: _____

Names of representatives manning booth for name badges & attendee list (please print):

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

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Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

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Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Registration Items

All payments must be received prior to the conference.

Please include all that apply to your registration. **How many?** **$ Amount**

8' x 10' Exhibit Booth Fee - $650/booth (includes 1 vendor luncheon ticket)
(After July 15th - $750 per booth) _____ $_____

Full Conference Registration - $210/member -- $310/non-member
*(In addition to exhibiting, vendors will be able to register for the conference at a special rate. The conference registration covers your admission to all conference sessions, all meal functions and all social events. The registration will provide you with ample opportunity to mingle and meet conference attendees. *When the conference registration becomes available in July, you will be required to fill out a separate registration form detailing the events you wish to attend.)*

$210/member _____ $_____

$310/non-member _____ $_____

Welcome Reception - $25/each
Wednesday, September 21st – The Corner Alley _____ $_____

Vendor Luncheon Tickets - $20/each
Thursday, September 22nd
With the cost of exhibit space, one (1) vendor luncheon ticket is included. _____ $_____

Presidents' Reception - No charge for representatives attending.
Thursday, September 22nd - drinks and hors d'oeuvres. _____ *no charge*

Total Amount Due: **$**_____

Additional Needs

Electrical Outlets: _____ Yes *(Electric to be arranged directly with hotel - Ohio GFOA needs to know your requirements for set up)*
_____ No

Phone/Internet: *Coordinate directly with the hotel by filling out The Renaissance Electrical Order Form*

Payment Information

_____ Enclosed is my check (Make checks payable to: **Ohio GFOA**)

_____ Please charge my credit card (_____ MasterCard _____ Visa _____ Discover Card _____ American Express)

Card # _____ Exp. Date: _____

Authorized Signature: _____ Zip Code: _____

Billing Address: _____

Contract for Space

I have read and agree to abide by the Ohio GFOA exhibitor specifications. I understand that Ohio GFOA reserves the right to make and enforce additional conditions and I will cooperate with Ohio GFOA as requested to assure conference events are successful.

_____ _____
Signature *Print Name/Date*

Mail Exhibit Space Application w/payment to:
Ohio GFOA, 17 S. High Street, Suite 200, Columbus, OH 43215
Fax: 614-221-1989
If you have any questions, please contact Cami Collingwood at 614-221-1900 ext. 212 or cami@assnoffices.com
E-mail: gfoa@assnoffices.com ◆ Web site: www.ohgfoa.com
Ohio GFOA is a 501 (C) (6) organization ◆ FEIN#: 31-1229036