

Exhibitor Registration

The Florida Lineman Competition March 9-10, 2018 – Kissimmee, FL



Company _____
 Contact name _____
 Title _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Cell phone _____ Fax _____
 Contact E-mail _____
 Confirmation E-mail (if different than Contact) _____

Do you require electricity supplied to your table or tent location (Additional hotel service fee of \$45 required)? Yes No
Do you plan to bring a tool trailer or vehicle to competition field to display your products? Yes No

Exhibitor Registration prices	FMEA Associate Member	Non-Member
<input type="checkbox"/> Welcome Reception Exhibitors ONLY <i>6ft. table and two chairs</i>	\$500	\$700
<input type="checkbox"/> Competition Field Exhibitors ONLY <i>Tent or truck-trailer space - tents, tables, chairs are not included</i>	\$500	\$700
<input type="checkbox"/> BOTH Welcome Reception & Competition Field Exhibiting <i>Tent or truck-trailer space - tents, tables, chairs are not included</i>	\$700	\$1,000
<input type="checkbox"/> I will <i>not</i> need to rent a tent or furnishings		
<input type="checkbox"/> I would like to rent a tent, table and two chairs	\$200	\$200
<input type="checkbox"/> I plan on attending the Awards Banquet	\$45/person	\$45/person

Representative #1

Full Name _____
 Nickname for badge _____
 Company _____
 Title _____
 City/State _____
 E-mail _____

Add Awards Banquet ticket (additional \$45)

Representative #2

Full Name _____
 Nickname for badge _____
 Company _____
 Title _____
 City/State _____
 E-mail _____

Add Awards Banquet ticket (additional \$45)

If you will be sending more than 2 representatives, please email their information to Garnie Holmes: gholmes@publicpower.com

Payment Information

Bill me (FMEA members only)

Payment enclosed: Please make checks payable to: Florida Municipal Electric Association \$ _____

Please charge my: Visa MC AMEX in the amount of: \$ _____

Card No. _____ Exp. Date _____ CVV Code _____

Cardholder name _____

Cardholder address _____ Cardholder City/State/Zip _____

Cardholder Phone _____ Signature _____

For FMEA Use Only	
Received _____	Amount _____
Ack. Sent _____	Balance Due _____
Check/Visa/MC/AMEX _____	

Please return to:
Email: gholmes@publicpower.com
Mail: FMEA
 PO Box 10114
 Tallahassee, FL 32302-2114
Fax: (850) 222-0358