

# Exhibitor Registration

## Energy Connections Conference & Trade Show

October 25-26, 2018  
Embassy Suites, 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 location? *(Additional hotel service fee of \$45 required)?*  Yes  No

Do you plan to stay overnight for the second morning breakfast in the Trade show?  Yes  No

### Exhibitor Registration price

### FMEA Associate Member

### Non-Member

<input type="checkbox"/> 1 Table (table only)	\$500	\$700
<input type="checkbox"/> 2 Tables (table only)	\$750	\$1,000
<input type="checkbox"/> 3 or more (table only)	\$950	\$1,150
<input type="checkbox"/> Additional table representative	\$75/person	\$150/person
<input type="checkbox"/> Add Conference Functions (includes conference sessions badge, and tickets to the Building Strong Communities Luncheon and the Florida Public Power Networking Dinner & Event)	\$150/person	\$200/person

### Representative #1

Full Name \_\_\_\_\_

Nickname for badge \_\_\_\_\_

Company \_\_\_\_\_

Title \_\_\_\_\_

City/State \_\_\_\_\_

E-mail \_\_\_\_\_

- Attending the Sponsor & Exhibitor Lunch & Learn
- Add conference functions (additional fee required)

### Representative #2

Full Name \_\_\_\_\_

Nickname for badge \_\_\_\_\_

Company \_\_\_\_\_

Title \_\_\_\_\_

City/State \_\_\_\_\_

E-mail \_\_\_\_\_

- Attending the Sponsor & Exhibitor Lunch & Learn
- Add conference functions (additional fee required)

If you will be sending more than 2 representatives, please email their information to [Garnie Holmes: gholmes@publicpower.com](mailto: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 \_\_\_\_\_

**Please return to:**  
**Email:** [gholmes@publicpower.com](mailto:gholmes@publicpower.com)  
**Mail:** FMEA  
 P. O. Box 10114  
 Tallahassee, FL 32302-2114  
**Fax:** (850) 222-0358