

# Exhibitor Registration

## Energy Connections Conference & Trade Show October 24-25, 2018

Embassy Suites, Kissimmee, FL



Company \_\_\_\_\_

Contact name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

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 Thursday Brief Business over Breakfast (Reverse 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 \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

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

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

Attending the "Brief Business over Breakfast" (Reverse trade show)

Add conference functions (additional fee required)

### Representative #2

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

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

Title \_\_\_\_\_

Company \_\_\_\_\_

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

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

Attending the "Brief Business over Breakfast" (Reverse trade show)

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 \_\_\_\_\_

*Exhibitors who cancel in writing before June 15, are entitled to a refund of their registration fee, minus a 15% administrative fee.*

**Cancellations must be made in writing, faxed or e-mailed to:**  
 Brenda Thompson, FMEA, P.O. Box 10114, Tallahassee, FL 32302-2214  
 Fax 850-222-0358 • E-mail: [bthompson@publicpower.com](mailto:bthompson@publicpower.com)

**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