

Indiana Funeral Directors Association 129th Annual Convention - May 4-7, 2009

Contract for Exhibit Space

Date: _____

You are hereby requested and authorized to reserve exhibit space as indicated below for use at the Indiana Funeral Directors Association Convention Exhibit to be held on May 4-7, 2009 at the Indiana Convention Center, 100 South Capitol Avenue, Indianapolis, Indiana 46225.

INDICATE CHOICE

Booth Size
Needed:

1. Space Nos. _____ at \$ _____
2. Space Nos. _____ at \$ _____
3. Space Nos. _____ at \$ _____

Full Payment

Half Payment (balance due by April 4, 2009)

Exhibitors will be assigned space in accordance with their preferences, as is possible. If we are unable to assign space in accordance with your preferences, an attempt will be made to assign comparable space in the same general location. We will be unable to customize any booth size, please reserve booths accordingly.

Type of Merchandise to be displayed _____

Exhibitor's authorized representative specifically in charge _____

Lettering for standard sign should read:

One line for Name _____

One line for City and State _____

Signature Required:

Company _____

Telephone _____ Fax _____

Address _____

City, State, Zip _____

Person filling out contract _____

PAYMENT: Check Enclosed for the amount of _____

(please make checks payable to the Indiana Funeral Directors Association, Inc.)

CREDIT CARD PAYMENT Visa Master Card Amex Discover

Card No. _____ Exp. Date _____

Name on Card _____

Signature (required) _____

Amount Charged _____ 3 Digit Security Code (on back of card) _____

We understand that there will be no refund if we cancel this contract after April 4, 2009. We hereby accept the exhibit space assigned to us. All rules and regulations governing the exhibit have been read by us and are hereby accepted and made a part of this contract, and we agree to comply by them. We agree to indemnify and hold harmless the sponsoring organization, exhibit facilities, and any officer or member of these organizations or their subcontractors for any loss, damage or injury sustained by an exhibitor or any other person including but not limited to fire, theft, water or accidents of any kind.

For IFDA Use Only

Application Received _____ Check # _____ CC Authorization _____

Assigned Booth No(s). _____ Deposit Received \$ _____

Price \$ _____ Balance Due \$ _____