



15 - 17 March 2012 ♦ Renaissance Hollywood Hotel

Supporter/Exhibitor Space Application

Complete this form promptly and mail it with your check to ensure your space reservation.
All space assignments will be given on a first-come, first-served basis.

EXHIBITOR FEE INCLUDED IN SUPPORT LEVEL

Full payment must accompany this completed form

PAYMENT METHOD

Check in the amount of \$_____ payable to **Valley Presbyterian Hospital, Federal Tax ID 95-1945832**

Charge in the amount of \$_____ Visa MasterCard American Express Discover

Credit Card Number _____ Exp. Date ____/____ Security Code _____

(Charge will appear as Valley Presbyterian Hospital)

Cardholder Name Signature _____

**Mail Checks and Application to
DFCon Administrative Headquarters ♦ 1018 Harding Street ♦ Suite 207 ♦ Lafayette, LA 70503**

Company Name _____

Name for booth sign

Representative(s) We will send authorized representative a link to register all reps online

Printed Name of Authorized Person _____

Title _____

Authorized Signature _____

Street Address _____

City _____ **State** _____ **Zip** _____

Office Phone _____ - _____ - _____ **Fax** _____ - _____ - _____

E-Mail _____

Product or Service to be displayed _____

Description of Product (35 words or less OR attach typed description)

All representatives MUST be registered with the conference.

Freeman Decorating Company
will forward an exhibitor packet
upon receipt of your application and payment.



For further information contact
Dennis A. Vitrella, Conference Director or
Brandy D’Heilly, Exhibits Coordinator
Brandy@DFCon.com