

Application for Exhibitor Booth

Company/Organization:	mpany/Organization: Contact Person:			
Names of booth staff (for badge	!S)			
Address:				
City:		State:	Zip:	
Telephone:	Fax:	Email:		
regarding "Sales of Items." I fu	irther attest that the exhib	itor will not sell items at the c	and agree to comply with the rules convention made outside of the to do so under the IAFF Logo Policy.	
Name:		Date:		
Exhibit Space All exhibit booths are 10' x 10,' of application.	complete with a table, ch	airs and sign. Booth assignm	ents are based on date of receipt	
Number of 10' x 10' Booths Rec	juested: FOR-PF	ested: FOR-PROFIT (\$5,000 USD per booth)		
	NON-P	NON-PROFIT/GOVERNMENT (\$3,500 USD per booth)		
	Booth p	payment included in sponsors	hip package (no payment necessary)	
Exhibitor Information Website:				
Description for event website (n	o more than 150 words):			
If paying by credit card, please	complete the information	below and forward this appl	ication to exhibits@iaff.org :	
Type of credit card: Visa Name on Credit Card:		2		
Credit Card Number:				

If paying by check, please make checks payable to IAFF and mail this application to:

International Association of Fire Fighters, Attention: Division of Occupational Health, Safety and Medicine 1750 New York Avenue, NW, Washington, DC 20006 • Phone: (202) 824-1571