

FMCA's 95th International Convention
March 7 through 11, 2017 - Tuesday through Friday
Rawhide Western Town & Event Center • Chandler, Arizona

Company Information

Company Name: _____ Commercial Member No: _____
 Show Contact Name: _____ Email: _____
 Show Contact Cell Phone: _____
 Address: _____
 City: _____ State/Province: _____ Zip/Postal Code: _____
 Phone: _____ Fax: _____
 Website: _____

Product Information: Limited to 40 words. This information will appear in the event program guide, *Family Motor Coaching's* February issue, and will appear on FMCA.com.

We are applying for Supplier space:

10 X 10 Corner \$850.00 each _____ number of corner spaces requested.
 10 X 10 Non-Corner \$680.00 _____ number of non-corner spaces requested
 Adjoining 10 X 10 \$575.00 _____ number of adjoining spaces requested

Our choices of spaces are:

1. _____ 4. _____
 2. _____ 5. _____
 3. _____ 6. _____

We are applying for Component space:

10 X 10 Corner \$850.00 each _____ number of corner spaces requested.
 10 X 10 Non-Corner \$680.00 _____ number of non-corner spaces requested
 Adjoining 10 X 10 \$575.00 _____ number of adjoining spaces requested

Our choices of spaces are:

1. _____ 4. _____
 2. _____ 5. _____
 3. _____ 6. _____

We are applying for Coach Space at .85 per square foot and have attached a copy of the space map

with our six (6) choices listed. Our display units are: _____ New _____ Used _____ Combined new and used

Our choices of spaces are:

1. _____ 4. _____
 2. _____ 5. _____
 3. _____ 6. _____

We are applying for Outdoor Supplier Demonstration space:

Square Footage Required: _____ x \$5.00 = \$ _____

Total Exhibit fees: \$ _____

New Commercial Membership Fee: \$ _____

Renewal Commercial Membership \$ _____

Check Enclosed in the Amount of \$ _____ **or** _____ **Amount to Charge**

50% deposit required by Wednesday, October 19, 2016; after October 20, 2016, payment in full. Final remittance will be due on or before Friday, January 6, 2017. FMCA does not bill for remaining space fees. Fees not paid by January 6, 2017, will be considered cancelled and forfeited by the exhibitor.

Check: Mail to Family Motor Coach, 8291 Clough Pike, Cincinnati, OH 45244 or charge by credit card:

_____ Visa _____ MasterCard _____ Discover _____ American Express

Card Number: _____ Expiration Date: _____

Cardholder Name _____

Cardholder Email: _____

CC Billing Address: _____ CC billing Zip: _____

Print Name: _____ Signature: _____

FMCA USE ONLY
 Amount Rec'd _____ Date confirmed _____ Exhibit Space Assignment _____