

# Exhibitor Networking Form



## Company Information (please print):

Company Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

## **Bobby Jones Would Be Proud! Convention Golf Tournament – Thursday, June 18, 6:45 a.m.**

Please register the following players:

Player's Name	Company Name	Handicap/ Average Score



## Complimentary Networking Events

In addition to exclusive Exhibit hours, this conference provides many networking opportunities! Registering for the above events is just the beginning. Plan to attend the educational sessions that would be of interest to your target audience, as well as the General Session. Additionally, make sure you take time to hang out at the lobby bar at the JW Marriott, as many credit union executives enjoy socializing in this area each evening. **Planning your networking events in advance will help you maximize your time at the show!**

- Educational Sessions
- General Session
- JW Marriott Lobby Bar

## **Dinner, Dance, & Silent Auction: Yesterday, Today, & Tomorrow – June 19, 6:30 p.m. – 11 p.m.**

Name of Persons Attending: \_\_\_\_\_ person(s) at \$95 each  
(Required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total: \_\_\_\_\_

## **Dance & Silent Auction Only – June 19, 8 p.m. – 11 p.m.**

Name of Persons Attending: \_\_\_\_\_ person(s) at \$35 each  
(Required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total: \_\_\_\_\_



# Exhibitor Networking Form



## Payment Information *(required)*:

Company Name: \_\_\_\_\_

Contact Name for Accounting Questions: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Payment Summary

- |  |          |
|--|----------|
| <input type="checkbox"/> Golf Tournament (\$200 per player)                | \$ _____ |
| <input type="checkbox"/> Dinner, Dance, & Silent Auction (\$95 per person) | \$ _____ |
| <input type="checkbox"/> Dance & Silent Auction Only (\$35 per person)     | \$ _____ |
| <b>Total</b>   | \$ _____ |

## Payment Options

Invoice Me or  Credit Card

### CREDIT CARD AUTHORIZATION

VISA  MasterCard

\_\_\_\_\_  
*Credit Card Number* *Expiration Date*

\_\_\_\_\_  
*Cardholder's Billing Address*

\_\_\_\_\_  
*City/State/Zip*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*V Number (three digit number found on back of card)*



**Return original with payment,  
and be sure to make a copy for  
your records.**

**Mail to: FCUL**

**Attn: Accounting - 2009 Exhibits  
P.O. Box 3108  
Tallahassee, FL 32315-3108**

**Fax to: 850.558.1105  
Email: expo@fcul.org**

All checks must be received before May 29, 2009. Checks received after this date will require the representative to provide a credit card payment onsite, and the check will be sent back.