



**Florida Catholic Conference
FCC ADMINISTRATOR'S CONFERENCE
Rosen Centre Hotel, Orlando, Florida
February 22nd - 24th, 2017**



VENDOR REGISTRATION FORM

Vendor Information

Name of Company (to be published in program)

Address

City, State Zip Code

Phone number

Cell phone number

Fax Number

Email (required)

Representative name 1

Representative name 2

Materials/Products Exhibited:

If you are interested in Sponsoring, please indicate an amount. \$

Exhibit Table Information

Exhibitor's table are \$600 each and will include 2 chairs and waste can. For electrical needs (power drops), please fill out the *Power Distribution Exhibitor Order Form* included in the Exhibitor Packet on the Diocese of Orlando website and mail or email the form, with payment, to PSAV's address indicated at the bottom of the form. For Wifi connection, please fill out the *Millennium Technology Group* form. To avoid the cost for internet, it is highly recommended to bring a Wifi Card.

Set-up begins Wednesday from 2:00 p.m. to 8:00 p.m. and Thursday, 5:00 a.m. to 7:15 a.m. For exhibitor times, please note the attached agenda. Breakdown of booths will be at 1:15 p.m. on Friday. Please review the *Rosen Centre Package Shipping, Receiving & Delivery Information* form for shipping information. Vendors will be responsible for their own security.

Meals for the 1st representative are included. However, there will be a charge of \$25 for additional representatives. Vendors will be responsible for their own security.

Hotel reservations at the Rosen Centre Hotel, can be found in the Exhibitor Packet in the link noted in the Invitation to Vendors letter. The last day for hotel registration is January 20, 2017.

Number of Exhibit Tables (\$600 each):	_____	X \$600 =	\$ _____
Number of additional representative for meals (\$25 pp):	_____	X \$25 =	\$ _____
Sponsorship Amount:	_____		\$ _____
		Total =	\$ _____

Name of company representative (Please print)

Signature of company representative

Date

Please return this form with check (or money order) made payable to the following: **Diocese of Orlando**. Please mail to: Diocese of Orlando, Attn: Kathy Martin, 50 E. Robinson Street, Orlando, FL 32801.

A receipt and letter of confirmation will be sent to you upon receipt of payment and signed registration form. The Diocese of Orlando is not set up to accept credit card payments. Should you have any questions, please contact Kathy Martin by email, kmartin@orlandodiocese.org, or by phone 407-246-4900. Payment and signed vendor registration deadline is January 22nd, 2017.

For internal office use only

Date of payment received: _____ Check/MO #: _____ Total Payment: \$ _____