

Convention Exhibitor Registration Form

Florida Water Quality Association Convention
 Golf Tournament: June 5, 2008
 Educational Sessions: June 6-7, 2008
 Exhibition: June 6-7, 2008
 Caribe Royale Resort • Orlando, FL 1-800-823-8300



The Caribe Royale Resort provides special room discounts. Please be aware it impacts the association's bottom line if we do not fill our hotel room block. We appreciate your support.

Company Name _____ Contact Name _____ Name for Badge _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ E-mail _____

REGISTRATION FEES/PACKAGES:

	Member	Non-Member
A. 8' x 10' Booth (See enclosed floor plan)	\$550	\$700 _____

Requested booth space: 1st choice _____ 2nd choice _____ 3rd choice _____

B. Each booth is entitled to a ¼ page advertisement in the FWQA Directory (DEADLINE May 9, 2008)
Yes! Upgrade my advertisement from ¼ page to: Additional

Inside Front Cover 7 ½" x 10" in color	\$635	
Inside Back Cover 7 ½" x 10" in color	\$625	
Outside Back Cover 7 ½" x 10" in color	\$840	
Two Page Centerfold 15" x 10" (additional color charge if desired)	\$900	
Full Page 7 ½" x 10" (additional color charge if desired)	\$250	
Half Page 7 ½" x 5" (additional color charge if desired)	\$150	
Add Color to my Advertisement	\$250	_____

C. Each booth is entitled to four Trade Show Exhibition Passes, Saturday lunch only:

1. Name _____	3. Name _____	Included
2. Name _____	4. Name _____	Included

D. Each additional Convention Registration, Exhibitor Pass, Saturday lunch only:

1. Name _____	2. Name _____	\$35	_____
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E. Number attending Friday Night Magic Show _____	\$45	_____
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F. Number participating in Golf Tournament (includes luncheon) _____	\$95	_____
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G. Yes, I want to Sponsor a Golf Hole!	\$100	_____
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H. FWQA Membership Dues	\$150	_____
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I. Voluntary contribution to the Florida Committee on Water Quality	\$10	_____
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I want to be a part of the Silent Auction – I will donate _____

Payment by Check payable to FWQA or _____ **VISA** _____ **MasterCard**

Credit Card No. _____ Exp. Date _____

Cardholder Name _____ Cardholder Signature _____

Please complete and return by mail to: FWQA, P.O. Box 2531, Lakeland FL 33806
 Phone 863-644-6622 or 863-698-0611 --- Fax to 866-845-4988 or E-mail to FLWQA@aol.com