



February 17-18, 2017
Oregon Convention Center
Portland, Oregon

SPONSOR/EXHIBITOR REGISTRATION FORM

Name: _____
 Company: _____
 Address: _____
 City: _____
 State: _____
 Zip code: _____
 Phone: _____
 Fax: _____
 Cell: _____
 E-mail: _____

Web Address: _____

Special Requests: _____

Description of Display Items: _____

I plan to dispense samples not individually packaged

I need refrigerator storage for my exhibit items

Names for Badges (up to 3 for 10X10 booth)

#1 _____

#2 _____

#3 _____

Sponsor/Exhibitor Category

Platinum Sponsor \$10,000

Gold Sponsor \$5,000

Sponsoring Exhibitor \$2,500

Non-Sponsoring Exhibitor \$975

Non-Sponsoring Non-Profit* Exhibitor \$500 *(must show proof of non-profit status)

Payment Processing

\$ _____ Total Due for Sponsorship/Exhibitor Fees

MasterCard

Visa

Check/Money Order (payable to Foods By Nature Expo)

Cardholder: _____

Card number: _____

Expiration Date: _____

Security Code: (last 3 digits on back of card) _____

Signature: _____

Date: _____

By submitting the sponsor/exhibitor registration form, I authorize PTF to charge the appropriate fees. I understand all cancellations must be submitted in writing and must be received by December 1st to be eligible for a refund of 50%. After December 1st, no refunds will be issued. I acknowledge that I have read the complete exhibitor kit which provides detailed listing of fees associated with shipping, electric, internet access, etc.

1900 Jones Road, Winchester, VA 22602

Phone 540.722.7102 Fax 540.301.3536 www.foodsbynature.com