



ANNUAL FRANCISCAN FEDERATION CONFERENCE
June 19 - 22, 2015
JW Marriott, Indianapolis IN

EXHIBIT REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____ Website: _____

Name of Exhibit
Company/Service _____

Name of person exhibiting if different from above. _____

Particular Needs for your display: [wall, electrical outlet, other]

Cost per table for exhibit - \$150.00 (Credit Cards are not accepted)
There will be a cost for electricity. When we know this cost we will communicate it to all vendors.

Number of table(s) _____ Payment enclosed _____
Tables are 6 foot in length

Please return this form by **May 11, 2015** to:

Exhibits – AFC Indianapolis IN
Franciscan Federation
PO Box 29080
Washington, DC 20017
202-529-2334
franfed@aol.com

FOR OFFICE USE ONLY	
Amount:	_____
Date Paid:	_____
Check #	_____

