



APPLICATION TO EXHIBIT

Official Identification. Company, if accepted, hereby authorizes FPA to advertise Company's name as an exhibitor before, during and after FPA Denver 2010, provided the Company name appears in writing with proper capitalization, abbreviations and punctuation. THE NAME, ADDRESS AND PHONE NUMBER PROVIDED BELOW WILL APPEAR IN THE OFFICIAL SHOW DIRECTORY. *Please print.*

Company Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Web site _____

Individual representative who is responsible for all exhibit correspondence and exhibitor set-up information:

Name _____ Title _____

Phone _____ E-mail _____

Exhibit Fees. Fees are based on rental of 10'-wide by 10'-deep exhibit space.

<i>Basic Exhibitor Packages</i>	FPA Institutional Member	Nonmember
10'x 10'exhibit space	\$6,500	\$9,000
Each additional 10'x 10'space	\$6,000	\$8,750
<i>Enhanced Exhibitor Packages</i>		
Single booth (10'x10') plus enhancements	\$12,750	\$15,500
Double booth (10'x20') plus enhancements	\$18,250	\$23,500

Total number of 10'x10'booths: _____

Enhanced booth package? Yes No

Add company logo to onsite brochure (\$200)

Booth Selection

Floor plan shows booth locations.
Go to www.FPAAAnnualConference.org to view available booths.

1. _____ 2. _____ 3. _____

Space Assignment and Deposit. Space assignments will be made, based on availability, in the order in which signed applications and deposits are received and accepted by the FPA national office. Fifty percent of the exhibit fee must be received within 30 days of your signed contract. The balance must be received by FPA by July 15, 2010, or booth is subject to cancellation. Applications received after July 15, 2010, must be accompanied by full payment. In the event Company finds it necessary to cancel its participation in the FPA Denver 2010 exposition, Company will receive a 75% refund if a written request is made prior to July 15, 2010. After July 15, 2010, NO REFUNDS will be made. All cancellations must be submitted in writing to the Exhibits Manager.

Exhibit Fee Total \$ _____

Additional Company Logo Total \$ _____

Total Due \$ _____

Check Enclosed (made payable to FPA)

Credit Card

Account # _____

Expiration Date _____

Name on Card _____

Authorization. The individual signing this application is an authorized representative of Company with full power to sign and deliver the application. The company listed on this application agrees to comply with the rules and regulations issued by Show Management regarding FPA Denver 2010; willingness to abide by the payment policy and acknowledgement of having read the rules and regulations that are an integral and binding part of this application.

Authorized Name (please print) _____

Title _____

Authorized Signature (required) _____

Date _____

Returned Signed Application and Payment Information to:

Financial Planning Association
Attn: Exhibits Manager
4100 E. Mississippi Ave, Suite 400
Denver, CO
80246
Tel: 303.759.4900 ext. 7125
Fax: 303.759.0749
E-mail: Exhibits@FPAnet.org

For FPA Use Only

Date Received _____

Assigned _____