

1929 - 2014



85th Anniversary

THE NEW JERSEY STATE FIRST AID COUNCIL, INC. "Exhibitor Registration Form"

Doubletree Hotel, Somerset, NJ
OCTOBER 10 - 11, 2014 (Friday/Saturday)

PLEASE TYPE OR PRINT CLEARLY

DO NOT WRITE IN THIS SPACE

Amount rec'd \$ _____

Date rec'd _____

Cash noted by: _____

Firm name: _____

Address: _____

City: _____

State: _____ Zip: _____

Person in charge of exhibit: _____ Phone: (____) - _____

E-mail address: _____

Type of items for sale: _____

Inside Table/Chair Space

Single Table/Chair	(includes 2 registrations)	\$ 750.00
Double Table/Chair	(includes 4 registrations)	\$1300.00

Outside Vehicle Space (Must also reserve one inside table space)

1 Ambulance Space	(includes 2 registrations)	\$ 150.00
2 Ambulance Space	(includes 3 registrations)	\$ 250.00
3 Ambulance Space	(includes 4 registrations)	\$ 350.00
First Responder Vehicles	(each)	\$ 50.00

SPACE ORDER FORM:

_____ Single Table/Chair	@	\$ 750.00 =	_____
_____ Double Table/Chair	@	\$ 1,300.00 =	_____
_____ 1 Ambulance Space	@	\$ 150.00 =	_____
_____ 2 Ambulance Space	@	\$ 250.00 =	_____
_____ 3 Ambulance Space	@	\$ 350.00 =	_____
_____ First Responder Vehicle	(each)	\$ 50.00 =	_____

Space Preferences:

1st Floor – Banquet/Meeting Hallway
2nd Floor – Outside Classrooms

1st _____
2nd _____
3rd _____

TOTAL = \$ _____

NOTE: This application will not be processed until payment in full has been received.
No Refunds after August 31, 2014.

Please register the following persons: _____

STATEMENT OF UNDERSTANDING: I HAVE READ AND AGREE TO ABIDE BY THE RULES AND REGULATIONS AS SET FORTH BY THE NJSFAC CONVENTION COMMITTEE.

Signature of Vendor: _____

COMPLETE THE METHOD OF PAYMENT ON NEXT PAGE

PLEASE PRINT CLEARLY

Method of Payment:

Check _____
or

MAKE CHECKS PAYABLE TO: **NJSFAC**

Credit Card*: ___ Visa Card ___ MasterCard

 ___ American Express ___ Discovery Card

Card Number

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Expiration Date
Mo. / Yr.

--	--	--	--

Security
Code*

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*4th Digit for Amer Expr.

Name Shown on Credit Card _____

CARDHOLDER'S SIGNATURE

CARDHOLDER'S NAME (PLEASE PRINT)

* Cardholder authorizes the payment of this invoice identified above and agrees to comply with the obligations set forth in the Cardholder agreement with the issuer.

PLEASE RETURN ORIGINAL WITH PAYMENT TO:

Steven A. Kurs
Exhibitor Manager
172 Oak Creek Road
East Windsor, NJ 08520

Phone: 609-443-1844 (home)
Phone: 609-865-7007 (mobile)
E-mail: emtgpa@comcast.net

EXHIBITOR: MAKE COPY FOR YOUR FILE

**PLEASE NOTE – SPACE IS LIMITED – Don't wait for the last minute to register
- table location will be assigned by receipt of full payment.**