

The annual IFSO World Congress is a more intimate environment allowing attendees to have more one-on-one interactions to learn and network. All first time exhibitors are subject to exhibit review for approval.

Cost / Space / Displays

- Table Top Exhibit cost - \$4,000 (1 table)
- Assigned placement provided 3 weeks prior to meeting
- Provided - one 6ft skirted table with two chairs
- Table top placement around ballroom perimeter
- Limited table top spacing. Space will be assigned on a first come first served basis.

Exhibitor Dates And Hours:

Install:	Tuesday, October 19, 2021	8:00AM - 5:00PM
	Wednesday, October 20, 2021	8:00AM - 2:00PM
On-Site Registration opens:	Monday, October 18, 2021	12:00 - 5:00PM
Exhibit hours:	Wednesday , October 20, 2021	3:00 - 8:00PM
	Thursday, October 21, 2021	8:30AM - 3:00PM
	Friday, October 22, 2021	8:30AM - 3:00PM
Dismantle:	Friday, October 22 , 2021	3:00 - 8:00PM

Shipping Information

Shipping Information will be provided.:

Cancellations

Cancellations received prior to July 1, 2021 will receive a full refund for reserved space. Any cancellations after this date will not receive a refund.

Contact and Mailing Information

Please enter information exactly as it should appear in IFSO records and publications.

Company Name (to be listed on all materials):

Primary Contact Name*:

Title:

Mailing Address:

City:

State, Postal Code:

Telephone Number:

Fax Number:

Primary Email:

(required for claiming credits and accessing online presentations)

Address if different from company address:

**The person who is listed here will receive all information and receipt for payment of fees.*

Number of tables _____ x \$4,000 = **Amount to be charged: \$**

Payment Method (select one):

Credit card payments are accepted for up to \$10,000. Checks are preferred for any amounts over \$10,000.

☐ Check: Make payable to MeetingAdvice (Tax Identification Number: 38-4077616) & mail to IFSO 2021 c/o MeetingAdvice, 6001 Broken Sound Parkway NW, Suite 340 Boca Raton, FL 33487

☐ Credit Card:

Type of Credit Card:

Card Number:

Name of Cardholder:

Expiration Date:

CVV Code*:

Note: This application will not become a binding contract until it is approved by IFSO. Please type or print clearly.

Return Form To: Gudrun Echterhoff

Via email: IFSO2021@MeetingAdvice.com