**2018 CFMA Midwest Regional Conference**

**Exhibitor Registration**

**September 24, 2018**

**Exhibit Time: 7:00 a.m. – 5:30 p.m.**

**Exhibit space is limited and will be assigned on a first-come basis.**

**Exhibit space is $300.00**

**Includes: one 6ft. skirted table, two chairs, breakfast, lunch and one ticket to the   
Networking Cocktail Reception on Sunday, September 23, 2018 (time and location TBD)**

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| --- | --- | --- | --- |
| **Contact Name** |  | | |
| **Exhibitor Name** |  | | |
| **Organization** |  | | |
| **Address** |  | | |
| **City, State** |  | | |
| **Zip** |  | **Phone** |  |
| **Email** |  | | |

**I am an exhibitor representing the following CFMA Chapter** *(select one)*

Chicago  Fox Valley  Milwaukee  Madison  Western Michigan  SW Michigan   
  
 Quad Cities **Other** – Please specify:

**Payment Method**

Please invoice me at the address listed.

I wish to pay by credit card. Please contact Deb Hypke at 815-806-4908 to pay by phone.

I wish to pay for additional representatives to attend the Networking Reception at $50 each  
Please include names of additional attendees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Payment must be received by September 16, 2018 to guarantee spot.***

**Please reply by returning this form and payment to:**

**CFMA Chicago Chapter**

**20960 S. Frankfort Square Road, Suite B ♦ Frankfort, IL 60423 ♦ (815) 469-1901 Fax**

**Questions? Contact Deb Hypke at (815) 806-4908 or** [**dhypke@managementservices.org**](mailto:dhypke@managementservices.org)

*Exhibitors will receive a confirmation email with set-up instructions, exhibit hours and cancellation policy.*