

## EXHIBITOR / SPONSOR REGISTRATION FORM

**PaFED Spring 2008 Conference**  
**April 17-18, 2008**  
 Mountain View Hotel  
 Greensburg, PA

Return completed form with payment to:  
 PaFED  
 3718 West Lake Road  
 Erie, PA 16505

Please complete and return this form. Registration must be received by April 11, 2008

**COMPANY NAME** \_\_\_\_\_ **Date:** \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

**Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

Attendee Name (please print clearly)

Event Fee:

**PaFED Spring Golf Outing @ Ligonier Country Club (4/17/08)** (Includes greens fees and golf cart)

*Golf Outing Schedule - Lunch On Your Own @ NOON / TEE time for PaFED Golfers @ 1:00pm...*

# 1	_____	@	\$50.00	_____
# 2	_____	@	\$50.00	_____
# 3	_____	@	\$50.00	_____
# 4	_____	@	\$50.00	_____

*Please let us know if you have a specific group or foursome that you prefer to be partnered with...*

**PaFED Exhibitor Attendee (4/18/08)** (Includes display table, continental breakfast & buffet lunch)

# 1	_____	@	\$90.00	\$90.00
# 2	_____	@	\$45.00	_____
# 3	_____	@	\$45.00	_____
# 4	_____	@	\$45.00	_____

*Additional attendees receive continental breakfast, buffet lunch and admission to meeting...*

**Membership Buffet Dinner & Entertainment (4/18/08)**

# 1	_____	@	\$45.00	_____
# 2	_____	@	\$45.00	_____
# 3	_____	@	\$45.00	_____

**Sponsorship Opportunities**

<b>Golf Outing Hole Sponsorship</b>	<i>Limited to one sponsor per hole...</i>	@	\$150.00	_____
<b>Continental Breakfast Sponsorship</b>		@	\$300.00	_____
<b>Morning Break Sponsorship</b>		@	\$300.00	_____
<b>Exhibit Hall Luncheon Sponsorship</b>		@	\$600.00	_____
<b>Afternoon Break Sponsorship</b>		@	\$300.00	_____
<b>Evening Cocktail Hour Sponsorship</b>		@	\$300.00	_____
<b>Dinner Raffle Sponsorship</b>		@	\$300.00	_____
<b>Evening Entertainment Sponsorship</b>		@	\$600.00	_____

*Limited to one sponsor per event... Please call to determine which events are still available...*

**Grand Total** \_\_\_\_\_

**For payment by credit card - Complete the following and Fax to 814-838-5127**

Circle One: Am. Express      Visa      MasterCard      Discover

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as appears on card \_\_\_\_\_

Authorizing Signature \_\_\_\_\_

Transaction receipt will be returned via fax.      Fax Number \_\_\_\_\_