

Booth Space Application & Contract

ICCFA ANNUAL CONVENTION & EXPOSITION | March 19-22, 2012

Company Information

(Due November 23, 2011, for assignment under the cumulative point system.) Please provide information about your company below. Use the Exhibitor Personnel Registration form on pp. 13-14 to register individuals.

Exhibiting Company Name _____
 Address _____
 City _____ State/Prov _____ Zip/Postal Code _____
 Other/additional (addresses outside USA) _____
 Phone () _____ Fax () _____
 Email address _____ Web site _____
 Person Completing Form _____ (Please fill out both sides of form.)

Booth Selection and Fees

Application is to be accompanied by \$500 per booth non-refundable deposit to be eligible for assignment. All applications received by November 23, 2011, will be assigned based on ICCFA's point system. All other applications will be assigned on a first-come, first-served basis.

Booth Selections (see Expo floor plan on page 5)

1st choice: _____ 2nd choice: _____ 3rd choice: _____ 4th choice: _____ 5th choice: _____ 6th choice: _____

Will your booth space include vehicles? YES NO If yes, how many? _____

Number and type of booths requested

ICCFA MEMBER

of conventional booths _____ @ \$1,350 each = \$ _____

of premier booths _____ @ \$1,650 each = \$ _____

of table tops _____ @ \$450 each = \$ _____ (available only to non-profits)

NON-MEMBER

of conventional booths _____ @ \$1,650 each = \$ _____

of premier booths _____ @ \$1,950 each = \$ _____

TOTAL COST OF EXHIBITION SPACE: \$ _____ TOTAL ENCLOSED (minimum of \$500 per booth*) \$ _____

***Full payment due by February 1. Any balance remaining on total due will be charged on February 1 to credit card provided.**

Payment Information

Check: (Please make payable to ICCFA)

Credit Card: DISCOVER VISA MASTERCARD AMERICAN EXPRESS

Credit card number _____

Name as it appears on credit card _____ Exp. Date _____

Security ID (3-digit # on back of card or 4-digit # on front of AmEx card) _____

Card holder's billing address/ZIP _____

Email address (receipt will be emailed to you) _____

Signature _____

Authorized Representative

The following individual will serve as the authorized representative of the company listed above regarding the 2012 ICCFA Exposition. This person will receive all exhibit-related mailings and emails regarding the Exposition.

Name of authorized representative _____

Email address: _____

Address (if different from above) _____

I have read the rules and regulations pertaining to the 2012 ICCFA Exposition and agree that all representatives and exhibiting personnel from my company will comply with them.

Signature of authorized representative _____

Please Complete Side 2

For Official Use Only

Date Rec'd	Co. ID #	Check #	Points as of 11/11	IMSA
Total due \$	Deposit \$	Balance due \$	Booth #s	

Booth Space Application & Contract (continued)

Exhibit Specifications

Height at highest point _____

Dimensions (depth x width) _____ x _____

Weight (maximum) _____

Competition Proximity

The ICCFA will make every effort to comply with your request to be close to or separated from specific companies. However, this may not always be possible. The ICCFA will have final authority on booth assignments. Please list names of specific companies, not categories.

We wish to be close to the following companies: _____

We wish to be separated from the following companies: _____

Exhibitor Bonus: Free Exposure to 7,200+ ICCFA Magazine Readers!

The March-April issue of the ICCFA's magazine, ICCFA Magazine, will include profiles of all exhibitors who meet the submission guidelines and deadlines (below). The magazine will be available onsite at the ICCFA Convention & Exposition in Las Vegas and will be mailed to ICCFA members and to thousands of independent cemetery, crematory & funeral home owners nationwide.

Profiles are limited to 60 words. We also will run either your logo or a photo of one product. Use your 60 words to describe your company, attract people to your booth and tell readers who can't attend the ICCFA Convention how to get more information about you. For example:

Axiom Business Systems (#114)

Axiom is the leading developer of fully integrated funeral home, cemetery management and cemetery mapping software with accounting solutions in the Southeast Pacific. Visit our booth for your free koala bear, Australian flag and demo. www.charoncms.com

Cherokee Casket Co. (#417)

Cherokee Casket Co. has manufactured infant and child caskets since 1941. The complete picture catalog can be seen online at www.cherokeechildcaskets.com. 1.800.535.8667

Profile submission deadline: January 17, 2012 (You do not need your booth number to submit your profile!) **Profile copy (maximum 60 words—strictly enforced)**. The ICCFA reserves the right to edit all copy to comply with editorial guidelines and length specifications.

- **Profiles must be e-mailed to sloving@iccfa.com.** Please write "(Company Name) Profile" in the subject line. If you would like to rerun your 2011 profile, you must send an e-mail requesting that we do so. Please say "include logo/photo" if you ran a logo or photo with your 2011 profile and want to rerun it with the 2012 profile.
- Profile logo or photo must be high resolution (at least 300 dpi at print size). The logo or photo must be emailed to sloving@iccfa.com. If sent separately from the copy, please write "(Company Name) Logo/Photo for profile" in the subject line.
- If you want us to use the logo/photo we ran in 2011, please indicate this on the profile copy or via a separate e-mail. We will not include the art unless requested, since we do not want to risk running a logo you are no longer using.

Note: You can check your 2011 profile and logo/photo by downloading the file at <http://www.iccfa.com/files/exhibitorprofiles2011.pdf>

Submit Registration

Please mail this form with payment to: International Cemetery, Cremation and Funeral Association
107 Carpenter Drive, Suite 100, Sterling, VA 20164

Or fax both sides to: 703.391.8416

Form and deposit are to be received by November 23, 2011, for booths to be assigned under the cumulative point system. Balance is to be paid in full by February 1, 2012. Questions? Please call 1.800.645.7700.

NEVADA DEPARTMENT OF TAXATION

ONE TIME SALES TAX RETURN

Remit Payment to the Address Below:

555 E. Washington Ave, Ste 1300
Las Vegas, NV 89101

TID No.: 1010988972

Number of Returns Issued: 250 To Be Returned By: 4/6/12

Name of Event: ICCFA ANNUAL CONVENTION AND EXPOSITION Event Date(s): 03/19/12 - 03/22/12

Location of Event: 3950 LAS VEGAS BLVD S LAS VEGAS, NV 89119 (MANDALAY BAY CASINO)

Name of Business or Individual: Phone No. ()

Business Address: EIN / SSN:

City, State: Zip:

Gross Taxable Sales: Tax Rate: Clark - 8.10%

Sales Tax Due:

Signature: Assigned Space No.:

Owner/Partner/Corporate Officer

Pursuant to NRS 372.055 every vendor who makes sales more than twice in a twelve (12) month period must register as a seller in the State of Nevada.

If payment is by check or money order, please make it payable to the Department of Taxation for the full amount of sales tax due. This return must be filed even though no taxable sales were made.

Department Copy
TXR-01.04 ONE TIME TAX RETURN
Rev 06-01-09

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Promoter's Copy
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Seller's Copy
TXR-01.04 ONE TIME TAX RETURN
Rev 06-01-09