

**Please Print or Type ALL of the Following Information:**

# **FDIAI 2026 EXHIBIT RESERVATION**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Mail Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Web Address: \_\_\_\_\_

## **Booth Reservations**

Based on the Exhibit Hall Floor Plan, my top three booth location preferences are:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Please reserve \_\_\_\_\_ Single Booth at \$725 each or \_\_\_\_\_ Double Booth at \$1450 each      Total: \$ \_\_\_\_\_

## **Sponsorships** Call for Rates

Sponsor Coffee/Drink Break \_\_\_\_\_

Sponsor/Co-Sponsor Social Function \_\_\_\_\_

Other Sponsorship \_\_\_\_\_

Less Non-Refundable Deposit \$100 USD per booth: \_\_\_\_\_

Total Amount Due by **5/1/26** : \$ \_\_\_\_\_

Payment in full must be received by **September 1, 2026**

## **Method of Payment** (Deposit payment must accompany your application form.)

Charge to my:  VISA  MasterCard  American Express  Novus/Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 Digit Code on Back: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Check enclosed. **Payable in USD funds to FDIAI**

Name of Representative: (Please Print)

Representative's Signature

The above individual has read and understands all of the information outlined in the "General Information" section and agrees to Exhibit under those guidelines.

## **COPY AND RETURN THIS BY EMAIL OR MAIL TO:**

Email: [fdiaiexhibitor@fdiai.org](mailto:fdiaiexhibitor@fdiai.org)

[www.fdiai.org](http://www.fdiai.org)

Cell: 727-259-3332

Mail to: FDIAI

4444 Worthington Circle

Palm Harbor, FL 34685

