



Primary Contact Name (Please Print): _____
 Company Name : _____
 Address _____ City/State/Zip _____
 Phone # (____) _____

Complete registration
 form and fax to
 OFDA at
 503.624.2903 or
 email to
 admin@ofda.org

2017 OFDA CONVENTION Vendor Registration Form

	THURSDAY May 4	THURSDAY May 4	FRIDAY May 5	FRIDAY May 5	SATURDAY May 6	SATURDAY May 6	SATURDAY May 6	SATURDAY May 6	VENDOR TABLE SELECTION
PRINT NAMES OF ALL ATTENDEES & Indicate Attendance for Each Activity	WINE TOUR 12:30 - 4 PM \$60 PER PERSON	WELCOME RECEPTION 6-9 PM	BREAKFAST	LUNCHEON	BREAKFAST	LUNCHEON	MOTORCYCLE RIDE 3 PM	BANQUET \$60 PER PERSON	PLEASE INDICATE PREFERRED TABLE NUMBER BELOW (See Exhibit Hall Layout)
									1st Choice:
									2nd Choice:
									3rd Choice:
									4th Choice:
Optional Exhibit Table Cost \$600 for 1st Table (includes 1 Rep); \$300 Each Addl. Table; One (1) Table for \$300 with \$2,400 or more sponsorship									
Optional Sponsorship Cost									
Remember - More than one (1) Representative incurs an additional \$180 per person cost!									TOTAL DUE:

Credit Card #: _____ Exp.Date: ____/____/____
 (MasterCard or VISA ONLY)
 3-Digit Number on BACK of Card: ____-____-____ BILLING Zip Code: _____
 Cardholder: _____ Signature: _____
 Print Name As It Appears on Card Cardholder's Signature
 CHECKS SHOULD BE PAYABLE TO: OFDA, 12725 SW 66TH AVE SUITE 105 PORTLAND OR 97223

Exhibiting Vendor Setup starts on Thursday, May 4th at 1 PM. Teardown will start on Saturday, May 6th at 3 pm.
 Please note: All credit card payments are subject to a \$0.75 processing fee

PAYMENT IN ADVANCE IS GREATLY APPRECIATED
ADD \$350 FOR (1) REP AND NO TABLE