

# The Building Officials Association of Florida

## Exhibitor & Sponsorship Application

55th Annual BOAF Educational Conference & Trade Expo

Caribe Royale--Orlando, FL • June 3<sup>th</sup> -6<sup>th</sup>, 2006

Exhibits: June 3<sup>th</sup> - 5<sup>th</sup>, 2006

Please complete the form below and return it to by fax or mail to the information listed below. To send electronically, please send to boaf3@cfl.rr.com.

### Section I: Basic Information (Please type or print neatly)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Web Address: \_\_\_\_\_

Badge Name # 1: \_\_\_\_\_ Name # 2: \_\_\_\_\_

Badge Name # 3: \_\_\_\_\_ Name # 4: \_\_\_\_\_

Competitor (s): \_\_\_\_\_

### Section II: Exhibitor Information (Booths available on a first come, first served basis, location not guaranteed)

Number of Booths required: \_\_\_\_\_ x \$ 595 **Section II Total:** \_\_\_\_\_

Booth Location (see floor plan) 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_

### Section III: Sponsorship Information

Sponsors will receive signage at the golf hole/green or event, grateful acknowledgement in conference publications, and recognition at the banquet. Sponsorship in amounts of \$ 2,500 or greater will entitle the sponsor to a **free booth** at the Trade Expo and one (1) non-transferable conference registration. Please specify the function/event you are interested in sponsoring.

_____ Banquet	\$ 18,000.00	_____ Conference T-Shirts	\$ 2,500.00
_____ Registration/Goody Bags	\$ 1,000.00	_____ Business Luncheon	\$ 8,000.00
_____ Coffee Break	\$ 1,000.00	_____ Golf Hole/Green	\$ 100.00
_____ Hole-in-One Contest	\$ 850.00	_____ Companions' Program	\$ 2,000.00

Partial Sponsorships available...

**Section III Total:** \_\_\_\_\_

**Total for All Sections:** \_\_\_\_\_

### Section IV: Payment Information

Enclosed is a check *or*  American Express  MasterCard  Visa

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ 3 Digit # in Signature Box: \_\_\_\_\_

Billing Address & Zip Code: \_\_\_\_\_

Remit to:

BOAF

705 H West State Rd 434  
Longwood, Florida 32750

Phone (407) 265-9009

Fax (407) 831-9875