

Central Florida Franchise Owners Association of 7-Eleven Franchisees

VENDOR APPLICATION FORM

1.	Company Name: The undersigned (hereafter called the "exhibitor") hereby applies for space in "Central Florida FOA The declar of the Post later of the Manual Control of		
2.	Tradeshow" at Doubletree by Hilton Orlando @ Sea World on Wedn 2. Amount Enclosed \$ Number of Booths booth). The booth fee is \$2500. Your check should accompany this than May 1, 2024. The exhibit fee includes: table with pipe and drag Booth fees are nonrefundable after April 17, 2024. Refund requests April 17, 2024.	_ (Brokers: 2 Major Lines per contract and be received no later be, two chairs and booth ID sign.	
3.	3. Programs or services to be exhibited: The following description is int conflicts arising from space assignments. Please be explicit.	rograms or services to be exhibited: The following description is intended to aid us in avoiding service onflicts arising from space assignments. Please be explicit.	
4.	Please send all correspondence to the following address: Leslie Dempsey , Central Florida FOA , 1348 Falconcrest Blvd. , Apopka , FL 32712 . This contract shall not be binding unless and until it is accepted and approved in writing by show management with the signature of our duly authorized representative.		
5.	The exhibitor agrees to and understands that the Central Florida FOA assumes no liability for any loss or damage or liability for any injury to any person resulting from any act or omissions occurring during or in transit to or from the show. Each exhibitor assumes complete responsibility and liability for all loss, damage, or destruction of the show site by the exhibitor or any person brought on to the property on his/her behalf. The exhibitor also assumes all responsibility and liability for injury to any person or property in any way connected with the exhibitor's display caused by the exhibitor, his agent, representative or employee.		
6.	N WITNESS WHERE OF, APPLICATION HAS CAUSED THE CONTRACT TO BE SIGNED BY AN FFICER OR PERSON DULY AUTHORIZED. BOOTH WILL BE PART OF SPONSOR PACKAGE OR OFFICE USE ONLY)		
	Тос	day's Date://	
Na	Name:Title:		
	Signature:		
Co	Company:		
Ad	Address:		
Cit	City: State:	Zip:	
Tel	Tel: Fax:	Booth #:	
Ac	Accepted By:	Show Management	