

2024 IAFE EXHIBITOR REGISTRATION FORM

We will be preparing a packet of name badges for each exhibitor participating in the 2024 IAFE Trade Show. This packet will be available for pickup on Sunday, Dec. 1, from 7:30 am - 7:30 pm; or on Monday, Dec. 2, from 7:30 am – 12:00 pm. For each booth purchased, you are eligible to receive up to two (2) badges. **Additional badges are \$50 each.** In order to have the name badges ready, we need a list of your company representatives who will be in attendance. Please complete and return this form to the IAFE office by Oct. 2, 2024. After that time, any changes or additions to the list of individuals manning your exhibit booth must be made onsite, at the Exhibitor Registration counter at the Phoenix Convention Center.

Keep in mind, badges should only be used for your company representatives or in the case of an agency - any act that you represent. Full, partial, and day registration passes are available to purchase for those wishing to attend, but who are not exhibiting. It is to your benefit to return a completed and accurate form to avoid waiting in line in the registration area. Exhibitor badges are required for entrance to the IAFE Trade Show floor during set up and show hours. We also encourage exhibitors to attend the General Session/Keynote Speaker on Tuesday and exhibitors are welcome to attend any educational sessions that may interest you. *Note, some sessions require an “attende” registration and special fee as noted in the program.*

Please complete ALL fields below and mail or email the form to steves@fairsandexpos.com by **October 2, 2024.**

EXHIBITING FIRM:			
Badge Name:	Email:	Cell Phone:	
	Emergency Contact / Phone Number		
Badge Name:	Email:	Cell Phone:	
	Emergency Contact / Phone Number		
Badge Name:	Email:	Cell Phone:	
	Emergency Contact / Phone Number		
Badge Name:	Email:	Cell Phone:	
	Emergency Contact / Phone Number		
Badge Name:	Email:	Cell Phone:	
	Emergency Contact / Phone Number		
Badge Name:	Email:	Cell Phone:	
	Emergency Contact / Phone Number		
Badge Name:	Email:	Cell Phone:	
	Emergency Contact / Phone Number		
Badges Over Allotment (\$50 per additional badge):			Total Due: \$

PAYMENT INFORMATION:

Payment (if needed) is required to process your registration.

Please call Sheree or Kathy in the IAFE office (800-516-0313) to provide credit card payment
OR mail check (payable to IAFE CONVENTION) to **IAFE, 3043 E Cairo St, Springfield, MO 65802**

REGISTRATION LEGAL NOTICE

I am or will be voluntarily participating in the activities of the IAFE meeting with knowledge of the DANGER OF infectious disease involved. I voluntarily agree to assume all risks related to exposure whether those risks are known or unknown. I agree to adhere to all safety protocols put in place by the IAFE, the Licensor of the hotel(s) and convention center.

I agree to report to an IAFE Staff Member at any time if I feel unwell or are experiencing flu-like symptoms.

I forever release, agree to defend, indemnify and hold harmless the IAFE, its directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all liabilities, causes of action, lawsuits, claims, demands, or damages of any kind whatsoever that I, my assignees, heirs, successors, distributees, guardians, next of kin, spouse and/or legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in the IAFE meeting activities including any claims associated with exposure or potential exposure to infectious diseases (ii) the negligence or other acts or omissions of any Releasee, related to or arising out of my contraction of an infectious disease (iii) any claims resulting from exposure to any individuals at the hotel who have or may have infectious diseases (iv) any claims from others resulting from exposure or potential exposure to me who have or may have infectious diseases (v) any claims resulting from exposure or potential exposure to any IAFE property, the hotel(s), and convention center, that may hold or contain infectious diseases.

I am aware that the IAFE meeting will be conducted in accordance with the Code of Conduct. I agree, that if in the judgement of the Staff or Board of Directors of the IAFE my conduct does not confirm to the Code of Conduct and following written or oral notification of that judgement,

I will immediately conform my behavior to the Code of Conduct or voluntarily remove myself and my personal property from the meeting facilities

The IAFE Meeting is provided as a service of IAFE. By participating in the IAFE meeting and speaking or making written statements during the proceeding of the IAFE meeting you grant to IAFE the nonexclusive, world-wide, transferable right and license to display, copy, publish, distribute, transmit, print, and use that information or material in any way and in any medium, including but not limited to print or electronic form.

The IAFE reserves the right to remove any content from recordings of sessions that does not comply with this Code of Conduct. The IAFE may remove from participation or deny participation in the meeting proceeding, anyone who in the sole discretion of the IAFE does not comply with this Code of Conduct.

Signature: _____ Date: _____