### ­Florida Council on Crime and Delinquency

### 90th Annual Criminal Justice Training Institute

### Trump National Doral in Miami, Florida

### August 26 – 29, 2019

# Exhibitor REGISTRATION AGREEMENT

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| **Exhibit hours:** |  |  |
| **Monday, August 26** | **Set-up: 12:00 pm – 4:30 pm** | **Reception: 7:30 pm – 9:00 pm (IN EXHIBIT HALL)** |
| **Tuesday, August 27** | **7:30 am – 3:30 pm** |  |
| **Wednesday, August 28** | **7:30 am – 10:30 am**  | **Break down after 10:30 am** |
|  |
| Company INFORMATION – PLEASE PRINT or type CLEARLY |
| **Company name:**  |
| **Street address:** | **City:** | **State:** | **Zip Code:** |
|  |  |  |  |
| **Office Phone:** | **Cell Phone:** | **Email Address:** | **Website:** |
| **(     )** | **(     )** |  |  |
| **Contact Person:** | **Briefly describe the nature of your company:** |
|  |  |
| **Company representatives at conference: (Please type or print clearly. Names need to be exactly as name badges should be prepared). Please see below sponsorship levels for amount of registrations included. Additional representatives may register at an additional cost of $150.00 each.** |
| **1.** | **Name:** | **Office Phone: (     )** | **Email Address:** |
| **2.** | **Name:** | **Office Phone: (     )** | **Email Address:** |
| **3.** | **Name:** | **Office Phone: (     )** | **Email Address:** |
| **4.** | **Name:** | **Office Phone: (     )** | **Email Address:** |
| **5.** | **Name:** | **Office Phone: (     )** | **Email Address:** |

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| PricinGEach registration includes: Access to all events and Tuesday luncheon  |
| **Level­ (See Exhibitor Prospective for more details on levels and sponsorships)** |  | **Amount** |  | **Qty** |  **Amount** |
| **DIAMOND-booth, full page ad and 5 registrations** | **Signage Included** | **$25,000 +** | **x** |  | **$** |
| **PLATINUM-booth, full page ad and 5 registrations** | **Signage Included** | **$10,000 - $24,999** | **x** |  | **$** |
| **GOLD-booth, full page ad and 4 registrations** | **Signage Included** | **$5,000 - $9,999** | **x** |  | **$** |
| **SILVER-booth, full page ad and 3 registrations** | **Signage Included** | **$2,500 - $4,999** | **x** |  | **$** |
| **BRONZE-booth, full page ad and 2 registrations** | **Signage Included****(if sponsoring an event)** | **$1,500 - $2,499** | **x** |  | **$** |
| **BOOTH ONLY – booth, half page ad and 2 registrations** |  | **$1,000** | **x** |  | **$** |
| **NON-PROFIT – BOOTH ONLY (no ad or luncheon)** |  | **CONTACT EXHBIT TEAM** | **x** |  | **$** |
| **Lanyards/Badge Holders – Quantity 450**  |  | **$1,000** | **x** |  | **$** |
| **Institute Bags – Quantity 450** |  | **$3,000** | **x** |  | **$** |
| **Institute Program Book – Quantity 450**  |  | **$4,000** | **x** |  | **$** |
| **Attendee T‐Shirts – Quantity 450**  |  | **$3,500** | **x** |  | **$** |
| **Executive Board/Committee Shirts – Quantity 125** | **Signage Included** | **$3,500** | **x** |  | **$** |
| **Pool Tournament** | **Signage Included** | **$2,000** | **x** |  | **$** |
| **Golf Tournament** | **Signage Included** | **$3,000** | **x** |  | **$** |
| **Networking Suite (4 Nights)**  | **Signage Included** | **$1,000/per night**  | **x** |  | **$** |
| **Keynote Speaker/Plenary (3 Sessions)**  | **Signage Included** | **$1,000/per session**  | **x** |  | **$** |
| **Trainer (8 Breakouts)**  | **Signage Included** | **$1,000/per breakout**  | **x** |  | **$** |
| **Luncheon – General Membership**  | **Signage Included** | **$12,000**  | **x** |  | **$** |
| **Morning Coffee/Tea In Exhibit Area Tuesday and Wednesday mornings (7:30am or 10:30am)**  | **Signage Included** | **$2,500/per break**  | **x** |  | **$** |
| **Tuesday Afternoon Snack Break In Exhibit Area**  | **Signage Included** | **$2,000**  | **x** |  | **$** |
| **Awards Banquet**  | **Signage Included** | **$10,000**  | **x** |  | **$** |
| **Entertainment (Monday and Tuesday nights)** | **Signage Included** | **$1,500/per night**  | **x** |  | **$** |
|  |  |  |  |  |  |
|  | **Total Payable to FCCD** | **$** |
| **My Company would like to donate items for the conference goody bags.****\*\* (400 goody bags will be made please plan accordingly) \*\*** | **[ ]  Yes** | **[ ]  No** |
| **My Company would like to give away a door prize to registered participants.** | **[ ]  Yes** | **[ ]  No** |
| **My Company would like to donate items for the golf tournament goody bags.** **\*\* (100 goody bags will be made please plan accordingly) \*\*** | **[ ]  Yes** | **[ ]  No** |
| **~If your company will be donating items for any of the above, please contact Michelle Jordan for delivery information at 850-559-6176 or** **fccdvendorteam@gmail.com** **. ~** |  |  |
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| **CONFERENCE PROGRAM ADVERTISING SPACE SPECIFICATIONS**  |
| **Camera ready ads (pdf, jpeg or tif files). DUE by June 14, 2019 Size format as follows: Full page ad (7.5”W x 9.875”L), half page ad (7.5”W x 7.8391”L), quarter page ad (3.625”W x 4.812”L), and business card ad (3.5”W x 2”L).****Artwork should be emailed to: The Vendor Team at** **fccdvendorteam@gmail.com** |
| **\*\*For those not able to exhibit can purchase ADVERTISING SPACE ONLY in the conference program\*\*** |
| **Full Page Ad (7.5W x 9.875L)** |  | **$250.00** | **x** |  | **$** |
| **Half Page Ad (7.5W x 4.8391L)** |  | **$125.00** | **x** |  | **$** |
| **Quarter Page Ad (3.625W x 4.812L)** |  | **$75.00** | **x** |  | **$** |
| **Business Card Ad (3.5W x 2L)**  |  | **$50.00** | **x** |  | **$** |
|  | **Total Payable to FCCD** | **$** |
| EXHIBITOR FCCD contact Information |
| **Michelle Jordan** | **fccdvendorteam@gmail.com** |  **850-559-6176** |
| **Michelle Whitworth** | **MichelleWhitworth@fcor.state.fl.us** |  **850-570-0798** |
| **Hope Simpson** | **Hope.Simpson@ocfl.net** |  **407-836-4429** |
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| **Golf Tournament** |
| **The conference golf tournament is scheduled for Monday, August 26th, at the Trump National Doral Golf Club (on resort property)** **Please check our website for more information: https://myfccd.org/** |
| Payment Options |
| **FCCD would appreciate payment in full. If that is not possible, a deposit minimum of $400 is required with your agreement with full payment of balance due no later than August 2, 2019.** **Please return a copy of this form with your payment to: fccdvendorteam@gmail.com****If paying by check please make out to FCCD and mail to: FCCD c/o Michelle Whitworth, 2937 Brandemere Dr., Tallahassee, FL 32312 Fax: 850-414-6903**  |
| **Requests for refunds must be received by August 5, 2019.** |
| **Credit Card:** | **[ ]  Visa** | **[ ]  MasterCard** | **[ ]  American Express** | **[ ]  Discover** | **[ ]  Check payable to FCCD** |
| **Name on Card:**  |  | **Phone Number:** |  |
| **Billing Address of Card:** |  |
| **Card Number:**  |  | **Expiration Date:** |  | **Amount:** | **$** |
| **CVV#:**  | **Email address (if different from above):** |
| **Signature as is appears on card:** |  |

***Thank you for supporting FCCD***

**FEI #591665573**