



Exhibitor Registration Form

*Please submit your application **BY SEPTEMBER 29th** to kholt@sfsciencecenter.org or fax (561) 832-4461*

Exhibitor Name(s): _____

Organization: _____

Address: _____ City: _____ ST _____ Zip _____

Phone #: _____ Fax: _____

Email: _____

Please describe what you will be exhibiting at your booth: _____

Booth Information - Exhibitors will be provided with one 4 x 6' table and one chair. Other accommodations can be made upon your request and availability. Inside spots are on a first-come-first-serve basis. Please select what kind of organization you are and submit proof of CSCA being listed as "additionally insured." Exhibitor fees are waived for non-profit organizations and government agencies. Please keep in mind, we are a peanut-free venue should you serve any food items at your station. Providing latex balloons or single-use plastics are strongly discouraged during the event.

\$100.00 for profit Non-profit/Government Agency- *please confirm 501 (c)(3) document # of staff at booth* _____

Do you require electricity? Yes No Tent (Limited Supply): Yes No Self-Provided

Payment Amount _____

Check payable to South Florida Science Center (check # _____) Visa/MasterCard Cash

Credit Card # _____ Exp. Date _____ CW _____

Signature _____ Today's Date _____

