



## REGISTRATION FORM

Full Name \_\_\_\_\_ Nickname for Badge \_\_\_\_\_

Guest \_\_\_\_\_ Nickname for Guest \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone (for text messages) \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Are you a current member of the?      SCCFA      GCA      CAT      NCCA      SCCA (Check all that apply)

Are you a:      Owner      Manager      Staff      Are you a member of the ICCFA      Yes      No

If you have a disability that requires special accommodation, please check here and attach a statement of your needs

### REGISTRATION RATES

### PAYMENT OPTIONS

Check (Preferred)

Credit Card (Visa or MC)

		Amount Due
Full registration: Association Member	\$449	\$ _____
Full registration: Non-Member	\$549	\$ _____
Guest*	\$349	\$ _____
One Day Pass**    Mon or    Tues	\$195	\$ _____
Exhibitor: Association Member (Includes 8x8 booth, table, chair, 1 rep)	\$749	\$ _____
Exhibitor: Non- Member (Includes 8x8 booth, table, chair 1 rep)	\$849	\$ _____
Additional Exhibitor Rep	\$349	\$ _____
<b>Ticketed Events</b>		
Top Golf-Corn Hole Kickoff Social with Exhibitors (Sunday Eve)	\$20 ea	\$ _____
SCCFA Past Presents Breakfast	\$ 00	\$ _____
Closing Banquet (Tuesday Eve)**	\$150	\$ _____
<b>Total Amount Due \$</b>		\$ _____

If you wish to pay with a credit card, please indicate above. We will email you an invoice for payment so you can use our secure service to enter your own card information and receive a receipt for your records. Please tell us what email address you wish for us to send your invoice for credit card payments  
Email \_\_\_\_\_

### EXHIBITOR BOOTH SELECTION

All Exhibit space will be assigned on a first-come, first-served basis upon receipt of payment in full. An exhibitor kit with order forms, deadlines and additional information will be emailed to each confirmed exhibitor. All shipping, electrical needs, additional furnishings and equipment unless stated will be at the expense of the exhibitor.

### CANCELLATION POLICY

Cancellations must be received in writing, either mailed to SCCFA, PO Box 681053, Marietta, GA 30068 or emailed to [SCCFA.OFFICE@gmail.com](mailto:SCCFA.OFFICE@gmail.com). They must be postmarked no later than July 30, 2020 and are subject to a \$100. Cancellation fee. No Shows will not receive a refund.

\*A guest must be someone who does NOT work in the industry

\*\* One Day Pass hours are 9:00AM – 4:00PM – please select Monday or Tuesday (One Day Pass does not include Closing reception and banquet

\*\*\* Full registration and Guest Registration includes entry into Exhibit Hall, all sessions and Closing reception and banquet

**Please return this completed form with your payment information to SCCFA, PO Box 681053, Marietta, GA 30068 or email to [sccfa.office@gmail.com](mailto:sccfa.office@gmail.com)**

**Don't forget to make your hotel reservations, visit [www.sccfa.info](http://www.sccfa.info) for an online link and hotel information.**