

**ACHF National Championships
October 22 & 23rd, 2021
Exhibitor Application**



1. Company information

Company Name: _____
Contact Name: _____
Title/Position: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____
Website: _____

2. Products and Services

Please describe your booth in detail.

3. Event Services and Options (please check)

- How many days (1 or 2)
 20 X 20 Booth Space \$100 per day
 Additional 10 X 10 Space \$75 per day
 Additional table \$25 per day (draped)
 Power Source \$80 (for both days)

4. Authorized Signature (please initial)

A check in the amount of \$_____ made payable to ACHF for all selections made above is enclosed.

Print Name: _____

Exhibitor Signature: _____

Email to: ACHF - achfclog1981@gmail.com

Mail money to: Jessica Larson

418 N Sycamore St, Rose Hill, NC 28458