



SPORTS FIELD
MANAGEMENT ASSOCIATION

EXHIBITOR CONTRACT

SHOW OFFICE: 28 PELHAM STREET, NEWPORT RI 02840
PAYMENT REMITTANCE ADDRESS:
SFMA P.O. Box 1673, LAWRENCE KS 66044
PHONE: (866)847-8623 • FAX: (401)846-5600
davidnewportevents@gmail.com or brittanynewportevents@gmail.com

34TH ANNUAL CONFERENCE & EXHIBITION, JAN. 16-19, 2023
EXHIBITION DATES: - JANUARY 18 & 19, 2023
SALT PALACE CONVENTION CENTER, SALT LAKE CITY, UT

SHOW INFORMATION SHOULD BE SENT TO: (Please write legibly)

COMPANY: _____
PERSON IN CHARGE OF SHOW: _____ TITLE: _____
STREET/P.O. BOX: _____
CITY/STATE/ZIP: _____
TELEPHONE: () _____ FAX: () _____ E-MAIL: _____

Information To Print in Pre-Show/Show Program: CONTACT NAME: _____
WEB ADDRESS: _____ E-MAIL: _____

EXHIBIT SPACE PREFERENCE: Booth # 1st Choice _____ Booth # 2nd Choice _____ Assigned _____

Assigned on a priority point basis on January 19 & 20, 2022. After that date, on a first come, first served basis. We will make every attempt to place you in or near your indicated preferences; however, please bear in mind that this is not always possible and Management reserves the right to move exhibitors if necessary.

PLEASE LIST YOUR PRIMARY PRODUCTS OR SERVICES: _____

PLEASE PROVIDE 2 SENTENCES DESCRIBING YOUR COMPANY THAT WILL BE PRINTED IN THE SPORTSFIELD MANAGEMENT MAGAZINE PRE-SHOW PROGRAM: _____

PLEASE LIST ANY FIRM(S) YOU'D PREFER NOT TO BE ASSIGNED ADJACENT TO: _____

EXHIBIT SPACE FEES (See exhibit rules & regulations on 2nd page; and exhibit space layout at the Show)

All exhibit space for STMA members is \$14.50 (\$18.00 non-members) per square foot. Minimum booth size is 10' x 10' (100 square ft.)
Indicate desired dimension of exhibit space needed: _____ x _____ = _____ sq. ft. x _____ = \$ _____
Would you like to include your commercial membership with this payment? _____ + \$340.00 \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

BILLING INFORMATION SHOULD BE SENT TO: (If different than the contact & address above)

COMPANY: _____
CONTACT: _____ TITLE: _____
STREET/P.O. BOX: _____
CITY/STATE/ZIP: _____
TELEPHONE: () _____ FAX: () _____ E-MAIL: _____

I agree to follow the contract rules & regulations as outlined on the 2nd page.

Company Representative Signature _____ Title _____ Date _____

CREDIT CARD PREFERRED: Sports Field Management Association **MAIL To:** SFMA, P.O. Box 1673, Lawrence, KS 6604
EFT/ACH Info-Please Contact: ndunnaway@stma.org
Send Payment Receipt Email to: _____

PAYMENT SCHEDULE/METHOD	FOR OFFICE USE ONLY
50% with this application \$ _____ Balance due no later than July 1, 2022. After July 1, payment in full must be received \$ _____ <input type="checkbox"/> Check Enclosed <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> Discover Credit Card # _____ Exp. Date _____ Security Code _____	Date Received: _____ Space Assigned: _____ Accepted by Show Management _____ Confirmation Sent _____