



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	\$ _____
Ticketed Events		
Top Golf-Corn Hole Kickoff Social with Exhibitors (Sunday Eve)	\$20 ea	\$ _____
SCCFA Past Presents Breakfast	\$ 00	\$ _____
Closing Banquet (Tuesday Eve)**	\$150	\$ _____
Total Amount Due \$		\$ _____

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. They must be postmarked no later than May 26, 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

Don't forget to make your hotel reservations, visit www.sccfa.info for an online link and hotel information.