

THIS SHOULD BE RETURNED NO LATER THAN **APRIL 19, 2010**

**NON-EXHIBITING VENDOR REGISTRATION FORM**

Return form and check for fees to SEKFCFA, INC.  
2259 NORTH MAIN STREET, P.O. BOX 1122, DANVILLE, VA 24543-1122

COMPANY \_\_\_\_\_

COMPANY CONTACT PERSON \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

The following Company representatives will attend the next SEKFCFA convention.

NAME \_\_\_\_\_ NAME \_\_\_\_\_ NAME \_\_\_\_\_

NAME \_\_\_\_\_ NAME \_\_\_\_\_ NAME \_\_\_\_\_

PRODUCT/SERVICE YOUR COMPANY PROVIDES FOR KFC \_\_\_\_\_

**FEES AND PAYMENT INFO:**

<p><input type="radio"/> <b>NON-EXHIBITING VENDOR REGISTRATION FEE</b> –</p> <ul style="list-style-type: none"> <li>\$400.00 per person X _____ person(s) \$ _____</li> </ul> <p><input type="radio"/> <b>SPONSORSHIP CONTRIBUTIONS</b> ..... \$ _____</p> <p>(All Sponsors will be listed on poster at Registration Desk – Thank you for your support!!)</p> <p><input type="radio"/> <b>TOTAL ***</b> ..... \$ _____</p> <p>We accept MasterCard, VISA, American Express or Discover or you can e nclose a check.</p> <p>_____ Check Enclosed</p> <p>_____ Please charge my credit card – Account # _____ Expiration Date _____</p> <p>(Please check one)      <input type="checkbox"/> MasterCard   <input type="checkbox"/> VISA   <input type="checkbox"/> American Express   <input type="checkbox"/> Discover</p>
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**\*\*\* PAYMENT MUST BE ENCLOSED OR FORWARDED BY THE DEADLINE.**

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FOR ADDITIONAL INFORMATION CALL SEKFCFA SEC-TREAS, Bonny Shelton (434) 836-1237

(FOR OFFICE USE ONLY - CUSTOMER # \_\_\_\_\_ )