



# 2025 BOOTH AGREEMENT

Florida Cattlemen's Association Convention & Allied Trade Show  
Trade Show Dates: Tuesday, June 24<sup>th</sup>-Wednesday, June 25<sup>th</sup>



## CONTACT INFORMATION

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## BOOTH PLACEMENT & EXHIBITOR REGISTRATION

We request that our company name is listed as follows on the identification sign: *(one line limit)*

My company will be exhibiting the following product(s): *(ex. equipment, nutrition, genetics, finance, ...)*

If possible, we request that our space not be adjacent to or opposite the following probable exhibitor(s):

# of Booth Spaces Needed: \_\_\_\_\_ *(Outside spaces for large displays/equipment are available, but limited)*  
Booth Space Request: *(Booths assigned 1st come, 1st served, No Guarantees)*

1<sup>st</sup> Choice

2<sup>nd</sup> Choice

3<sup>rd</sup> Choice

Allied Membership Status:  
\_\_\_\_\_

Allied Membership \$200= \$ \_\_\_\_\_

Member Cost:  
\$925 per booth = \$ \_\_\_\_\_

Non-Member Cost:  
\$1,350 per booth = \$ \_\_\_\_\_

Electrical Outlet:  
\$150 per booth = \$ \_\_\_\_\_  
*(on-site electrical requests may be higher)*

Booth Total

+

Exhibitor Total

=

Total Due

The Following people will represent our company:

4 exhibitor badges included per booth.

Upgrade to a full registration for \$250 per person.

(Badge/Full Reg.)

\$0  \$250

Name \_\_\_\_\_

\$0  \$250

Name \_\_\_\_\_

\$0  \$250

Name \_\_\_\_\_

\$0  \$250

Name \_\_\_\_\_

(Badge/Full Reg.)

\$85  \$300

Name \_\_\_\_\_

\$85  \$300

Name \_\_\_\_\_

\$85  \$300

Name \_\_\_\_\_

\$85  \$300

Name \_\_\_\_\_

Additional exhibitors (Limit 4 per booth)

Exhibitor Badge=\$85, Full Registration=\$300

## PAYMENT

Invoice Me *(must be paid in full by 4/15/25)*  
 Check # \_\_\_\_\_  
 Card:  Visa  MC  Amex  Discover  
Card # \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_  
Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

By signing you agree that you have read the information on page 4 of this packet and authorize the FCA to charge you for this booth with the provided payment method.

FOR FCA OFFICE USE ONLY

BOOTH #(s): \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_