



**Oklahoma Chapter of Association of Fundraising Professionals  
NATIONAL PHILANTHROPY DAY 2014 – October 24, 2014**

**EXHIBITOR REGISTRATION FORM**

This Agreement, between the Association of Fundraising Professionals, herein called “AFP,” and \_\_\_\_\_, herein called “User,” has been entered into on \_\_\_\_\_.

User wishes to use facilities at the Skirvin Hotel, as described below:

Building(s): Conference Center  
 Room(s): Exhibitor Hall  
 \_\_\_\_\_  
 (herein called “the Facilities”)  
 Date(s): October 24, 2014  
 Purpose of Event: AFP National Philanthropy Day - Exhibitor

User agrees to pay AFP a fee of \$110.00 for use of the facilities on or before **October 17, 2014**. This fee includes lunch for one person. Additional lunches may be purchased at \$50 each.

AFP will provide one 6’ table and two chairs per exhibitor. For an additional \$15 fee, we will provide a white table cloth. If you need any other items (easel, etc.) please bring your own.

Electrical outlets are available. Please bring your own extension cords. Please indicate if User wishes to be located near an outlet. \_\_\_\_\_

Communications sent by User to AFP under this Agreement or regarding matters relating thereto, shall be sent to Martha Stone, AFP Oklahoma, PO Box 217, Oklahoma City, OK 73101. Phone: 405.232-3863 Email: [afpoklahoma@gmail.com](mailto:afpoklahoma@gmail.com). The address for notices, communications or correspondence to be sent to User by AFP is:

Contact Name: \_\_\_\_\_  
 Company/Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

This agreement contains all of the agreements on this subject agreed to by the parties. No other written or oral representation or agreement shall affect the use of the facilities by User or the exercise of its rights hereunder by AFP.

**FEES**  
**Exhibitor Fee** \$110  
**Table skirting (\$15, optional)** \_\_\_\_\_  
**Additional Lunches @ \$50 each** \_\_\_\_\_ x 50 = \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_

I have read the terms and conditions of this Agreement and hereby agree to same.

USER:  
 \_\_\_\_\_

ASSOCIATION OF FUNDRAISING PROFESSIONALS:  
 \_\_\_\_\_  
 Exhibitors Committee Member