Exhibit Application

Ozark Food Processors Association
2650 North Young Avenue
Fayetteville, Arkansas 72704
Phone: 479-575-4607, Fax: 479-575-2165
Email: ofpa@uark.edu, Website: http://ofpa.uark.edu/

To exhibit at the 110th OFPA Annual Convention and Exposition April 5-6, 2016, complete application and fax or mail to the address above. You can also complete the Exhibit Application on our website. Exhibit fee includes convention registration for two exhibitors per booth purchased (meals are available at the convention rate). Also included are booth space and name badges for up to six people working in the booth. An invoice will be sent to the billing contact. Payment can also be made by credit card from our website.

After March 25, a $100/booth additional fee will be charged.

Sales Contact: __________________________ Company: ________________________________

Street Address: __________________________ City: __________________________ State: ____ Zip: _________

Phone: ______________ Fax: ______________

E-mail: __________________________ Website: ______________________________

Description of products and/or services:

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Select membership category:

___ Member Company ($300 per booth for Associate Member or $150 per booth for Sustaining Member, Member or Sustaining Associate Member*)

___ Non - Member Company ($500 per booth*)

Number of booths needed: ______________

List person(s) who will be working the exhibit booth(s):

_____________________________________________________________________________________

_____________________________________________________________________________________

Will your exhibit need electricity? ______ Yes     _____ No

Contact Emily Evans at the Holiday Inn (emily.evans@atriumphospitality.com, phone: 479-872-5922, fax: 479-872-8300) to arrange and pay for electricity or other vendor items.

Billing Contact: __________________________

Street Address: ________________________________

City: __________________________ State: _______ Zip: ____________

Phone: __________________________ Fax: __________________________ E-mail: __________________________

Select method of payment:

___ Online credit card payment from the OFPA website
___ Please send invoice for exhibit fees
___ Exhibit fee enclosed