



VENDOR REGISTRATION FORM

Company Name: _____

Contact Name: _____ Contact Phone Number: _____

Contact Email Address: _____

VENDOR OPPORTUNITIES

There are only fifteen (15) vendor spaces available. Spaces will be reserved on a “first received” basis.

Select Space Needed

_____ ***One (1) Vendor Table | Two (2) Vendor Chairs | \$550***

_____ ***Two (2) Vendor Tables | Three (3) Vendor Chairs | \$1000***

Send Check Payments To:

NFDMA, Inc. | 6290 Shannon Parkway | Union City, Georgia 30291

For Credit Card Payments:

Please contact the National Headquarters at 770-969-0064. There will be a 3% processing fee for all card payments.