



2026 OFOA Annual Conference August 31 – September 2

*Note: This document must be downloaded and opened in Adobe Acrobat Reader.
To enhance security, it will not work within a browser.*

Vendor Information

Company: _____
 Company/Product Line(s) (if different from above): _____
 Attendee Name: _____
 Name and Company Name for tags and signage: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Office Phone: _____ Mobile Phone: _____
 Email: _____

Second Attendee: Employee **Guest**

Contact Information:

Name: _____ Email: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Office Phone: _____ Mobile Phone: _____

We have made hotel reservations at: The Hyatt Other _____

Our check-in date is _____ Our check-out date is _____

Third Attendee: Employee **Guest**

Contact Information:

Name: _____ Email: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Office Phone: _____ Mobile Phone: _____

We have made hotel reservations at: The Hyatt Other _____

Our check-in date is _____ Our check-out date is _____

Level of Sponsorship:

ChampionPlus (speaker) **Champion** **Advocate** **Supporting**

Fees:

ChampionPlus Sponsors (<i>speaker</i>)	\$ 6,000.00
Champion sponsors	\$ 5,000.00
Advocate Sponsors	\$ 2,500.00
Supporting Sponsors	\$ 1,600.00

Schedule:

	Monday	Tuesday	Wednesday
ChampionPlus Sponsors	pm set up	all day	
Champion sponsors	pm set up	all day	
Advocate Sponsors		am set up	morning
Supporting Sponsors		am set up	morning

I have special dietary requests:

Payment Calculation & Information

Early Bird Registration (*ends 08/18/2026*) _____ X _____ = \$ _____ **Number of Attendees** _____

Standard Registration _____ X _____ = \$ _____ **Total to Be Charged** _____

Please submit/return this form to register.

Payment accepted by check, or credit card.

*Please make checks payable to the Orkin Franchise Owners Association and mail to:
OFOA Treasurer, Amy Hale, 629 Entler Ave., Suite 1, Chico, CA 95928
If paying by Credit Card, complete the information below and click submit.*

Credit Card: Visa MasterCard American Express

Card Number: _____ Cardholder Name: _____

Security Code: _____ Exp. Date: _____ Auth. Signature: _____

Billing Address: (*if different from Page 1*) _____

Authorized Signature

_____ Date: _____