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## **SOCIETY SHOWCASE EXHIBITOR AGREEMENT**

Submission of this form indicates I have read and agree with the provisions outlined by the Federation of Genealogical Societies in this agreement regarding Society Showcase space at the FGS 2019 conference to be held at the Omni Shoreham Hotel, 2500 Calvert Street NW, Washington, DC, August 21–24, 2019. I agree to abide by the conditions outlined in this agreement.

Table Rental Fee: \$50.

Available space will be assigned in the order in which reservations and payments are received by FGS.

Each Society Showcase space will include:

- (1) 6' draped table
- (1) 8' high back drape
- (2) chairs
- (1) exhibitor ID sign

Handouts may be offered at Society Showcase tables, but no sales are permitted. Societies wishing to sell publications, memorabilia, event registrations, or anything else must reserve a regular exhibitor booth.

Exhibit Hall Schedule:

Tuesday, 20 August: 2:00 pm to 9:00 pm

Wednesday, 21 August 9:30 am to 5:00 pm

Thursday, 22 August: 9:00 am to 5:00 pm

Friday, 23 August: 9:00 am to 5:00 pm

Saturday, 24 August: 9:00 am to 3:00 pm

Saturday, 24 August: (tear down): 3:00 pm to 8:00 pm

**FGS 2019 Conference  
Society Showcase Registration**

**SUBMITTING YOUR APPLICATION:** If you are paying by check, please mail the completed form with your check payable to FGS to FGS Conference Society Showcase, PO. Box 200940, Austin, TX, 78720-0940. Credit card orders may be mailed or faxed immediately, or processed on-line at <https://fgs.org/conferences/society-showcase-registration>.

Please print all requested information (except for the two signature lines).

Indicate your preferred table locations: Choices: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

**SOCIETY INFORMATION:** (Items marked with an \* will be published in the On-site Guide and/or on the FGS website.)

\*Society Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\*City, State, Zip: \_\_\_\_\_

\*Society Email: \_\_\_\_\_ \*Website URL: \_\_\_\_\_

\*Description: \_\_\_\_\_

\_\_\_\_\_  
President: \_\_\_\_\_ Delegate: \_\_\_\_\_

SHOWCASE CONTACT:

Contact Person's Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**PAYMENT \$50: (If credit card information supplied, that card will be charged \$50.)**

\_\_\_\_\_ Check payable to FGS \_\_\_\_\_ Credit Card (circle one) Visa MC Discover AmEx

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ CSV: \_\_\_\_\_

Billing Zip: \_\_\_\_\_ Billing Phone: \_\_\_\_\_

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

\_\_\_\_\_ I have read and agree to the terms of the Society Showcase Agreement.

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_