

*Thomasville's Fourth Annual  
Supplier Conference*

August 13, 2008

EXHIBITOR REGISTRATION FORM

Fee for Profits: \$300.00 ( ) Non-Profit / Fee Waived

*(Includes registration for two attendees, lunch, VIP Reception, program listing, table with skirt, two chairs, trashcan, and power)*

Company Name/Government Agency \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ E-Mail \_\_\_\_\_  
\_\_\_\_\_ Fax \_\_\_\_\_

Number of People Attending \_\_\_\_\_  
Name(s) and E-Mail(s) \_\_\_\_\_

Number Attending Reception on Night of Tuesday, August 12<sup>th</sup>; \_\_\_\_\_

Brief Description of Display \_\_\_\_\_

*If registering by mail, personal checks/money orders may be accepted on or before July 18th. Please mail registration form with payment to:*

*Thomasville Development and Planning  
559 West Front Street N. ♦ Post Office Box 127  
Thomasville, Alabama 36784  
T: (334) 636-5675 ♦ F: (334) 636-5893  
E: [fjones@thomasvilleal.com](mailto:fjones@thomasvilleal.com)  
[ggaston@thomasvilleal.com](mailto:ggaston@thomasvilleal.com)*

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CREDIT CARD AUTHORIZATION FORM

Exhibitor:

*If you wish to charge the amount of your registration fee to a credit card account, please complete the information requested below and return (or fax) this form with your registration form:*

- ( ) AMERICAN EXPRESS  
( ) VISA  
( ) MASTER CARD  
( ) DISCOVER

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Exhibitor \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Signature \_\_\_\_\_

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