

Food Processing Suppliers Association 1451 Dolley Madison Blvd. Suite 101 McLean, VA 22101

ph: 703-761-2600 • fax: 703-761-4334

www.myprocessexpo.com

PROCESS EXPO 2013 Partnership Agreement and Contract

Company: (*SUBMIT EXACTLY AS IT SHOULD APPEAR IN ALL PUBLISHED MAT	TERIALS *)	Contact Name:		
Billing Address:	City		State	Zip:
Telephone:	E-mail address:			
	1			
Partnership Order(s): Yes! I would like to reserve:				
Partnership #1:				
1 di dici 3iii p #1.				
Partnership #2:				
I understand that I am entitled to:				
Common listing in the DDOCTCC TVDO Official Draggers Cuida				
Company listing in the PROCESS EXPO Official Program Guide				
Company listing on signage at PROCESS EXPO 2013				
 Company listed on the Partner Program section of the PROCESS EXPO web site 				
Payment – Full payment is required for all partnership cor	mmitments.			
Enclosed is the payment for \$	a			
☐ AMEX ☐ MASTER CARD ☐ VISA ☐	Check (from	U.S. bank, ma	ade payab	le to FPSA)
Card #		Ex	o. Date	
Name on Card		CIL) #	
Signature:				
Please signed returned agreement with payment to: FPSA, Attn: PROCESS EXPO 2				
also fax your order to 703-761-4334. If you have any questions, please contact Gr	race Cular Yee at	(703) 663-1220	or e-mail gy	ee@fpsa.org.
The individual signing this agreement is an authorized representative of the company with the full power and authority to sign and deliver a contract,				
which includes authorizing payment and commitment to FPSA for partnership and/or upgrade support. This shall not become a binding contract until fully executed by both parties (Partner and or advertising agency and FPSA).				
Partner Contact: Sig	gnature & Date:			