



Product Gallery Registration and Preferred Placement

City Club

301 Commerce Street | Fort Worth

April 11, 2018 | 6:00 pm – 9:30 pm

Product Gallery Table Registration

Texas Floral Education Underwriters at the Platinum and Gold level receive one 6-foot Product Gallery Table and one dinner reservation as part of their Underwriter participation. The Platinum level underwriters receive the information 14 days prior to general release. The Gold level underwriters receive the information 10 days prior to general release. The Silver level underwriters receive the information 4 days prior to general release.

_____ I am a Texas Floral Education PLATINUM Underwriter receiving one Product Gallery Table with *Preferred Placement*. This Product Gallery Table Reservation includes one dinner reservation.

_____ I am a Texas Floral Education GOLD Underwriter receiving one Product Gallery Table with *Preferred Placement*. This Product Gallery Table Reservation includes one dinner reservation.

_____ I am a Texas Floral Education SILVER or BRONZE Underwriter and wish to reserve one Product Gallery Table at a cost of \$125. This Product Gallery Table Reservation includes one dinner reservation.

_____ I am not currently a Texas Floral Education Underwriter; however I am a TSFA Member and would like to reserve a Product Gallery Table at the cost of \$175. This Product Gallery Table Reservation includes one dinner reservation.

_____ I am not currently a Texas Floral Education Underwriter or TSFA member, however I would like to reserve a Product Gallery Table at the cost of \$200. This Product Gallery Table Reservation includes one dinner reservation.

Product Gallery Table Placements are based on Underwriter Levels, Date of Reservation, and Availability.

Additional Dinner Reservations

·Please reserve _____ additional dinner reservations for Texas Floral Education Underwriter and TSFA Members at \$45.50 per reservation, \$65 for non-members.

Dinner Reservation Information

Attendee Name _____ CompanyName _____

Company Address _____ City _____ State _____ Zip _____

Company Phone _____ Email Address _____

Please note the names of Additional Dinner Reservations

1 _____ 2 _____ 3 _____

Preferred Method of Payment

Product Gallery Table Expense \$ _____ Additional Dinner Reservations \$ _____

Total \$ _____

Mail check to Texas State Florists' Association | PO Box 170760 | Austin, TX 78717 | email to txsfa@sbcglobal.net

Credit Card # _____ Code _____ Expiration Date _____

Zip code _____ Signature _____