



## Exhibitor Information

- EVENT:** Federation's 36<sup>th</sup> Annual Conference on Serving the Underserved and 6<sup>th</sup> Latino Credit Union Conference
- DATE:** Wednesday, June 9, 2010 – Saturday, June 12, 2010
- VENUE:** Omni William Penn Hotel  
530 William Penn Place  
Pittsburgh, PA 15219  
Telephone: (412) 281-7100  
Reservations: (888) 444-6664  
[www.omnihotels.com](http://www.omnihotels.com)
- AUDIENCE:** We anticipate 300-400 participants for this event.  
  
Participants include board of directors and senior management from community development and mainstream credit unions nationwide; credit union organizing groups; credit union industry officials; state and federal regulators and government officials; representatives from the non-profit and community organizations, philanthropic foundations, and the cooperative movement; faith-based organizations; and more!
- EXHIBIT AREA:** Dedicated space for exhibitors. **Maximum of 15 exhibitors!**
- BENEFITS:** *Each exhibitor receives:*
- Two (2) complimentary registrations to all conference activities and events. Additional exhibit staff can register at the Federation's discounted member rate
  - One (1) draped 6-foot tabletop exhibitor station in central conference location for duration of conference
  - Complimentary promotional listing in conference publicity materials
  - A comprehensive list of all registered attendees in electronic format for your marketing efforts
  - Maximum opportunity to meet and interact with participants in conference sessions and workshops, designated exhibit hall times and exhibitor networking event.
  - Pre-conference assistance from Federation staff to assure your satisfaction
  - Recognition on Federation's website: <http://www.cdca.coop>.
  - Introduction and brief description at one of the conference plenary sessions
  - Opportunity for one-on-one meetings with conference attendees
  - Discounted hotel rates (room block is limited – please reserve early)
- COST:** **\$1,500**

For additional information, please contact Cathi Kim at: [ckim@cdca.coop](mailto:ckim@cdca.coop) or (212) 809-1850 x271.



## Exhibitor Application

### I. Company Information for Conference Program

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Organization	Website	
Mailing Address		
City	State	Zip

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### II. Exhibit Personnel Registration

Please list the person(s) to be registered as exhibitor staff. All exhibitors receive **one (1)** complimentary registration. Additional exhibit staff can register at the current member discount rate.

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Name (Primary Contact - registration included)	Title
Email	Phone
Name (Additional exhibitor – registration included)	Title
Email	Phone

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### III. Exhibit Requirements

Indicate if you will need the following for your exhibit. *Internet or telephone hook-up not included, and must be purchased directly from conference hotel.*

Electrical Outlet:  Yes     No

Other: \_\_\_\_\_

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### IV. Exhibitor Pricing

Exhibiting Fee (includes 2 registrations)		\$1,500
Additional registrations at the current member rate:	X _____ @ \$ _____	\$ _____
	<b>Total Due:</b>	<b>\$ _____</b>

To look up the current member rate, please visit our website: [www.cdcu.coop](http://www.cdcu.coop) and click on the banner at the top of the main page.

## V. Exhibitor Authorization

The undersigned hereby authorizes **National Federation of Community Development Credit Unions (Federation)** to reserve exhibit space at the **Omni William Penn Hotel** for use by the above company or organization during the **Federation's 36<sup>th</sup> Annual Conference on Serving the Underserved and 6<sup>th</sup> Latino Credit Union Conference**. The undersigned hereby acknowledges receipt of and agrees to abide by the Exhibit Rules and Regulations, and to all conditions under which exhibit space at the Omni William Penn Hotel is leased by the Federation. Registrants canceling between 60 and 30 days before the conference will incur a \$750 penalty. Cancellations after Monday, May 12 will be nonrefundable. The undersigned acknowledges that space assignments shall be acceptable unless the Federation is notified in writing by stated cancellation deadlines.

### Authorized by:

\_\_\_\_\_  
*Contact Name (print or type)*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## VI. Charge Card Information

Total amount to be charged (from previous page): \$ \_\_\_\_\_

Type of card:       AmEx                       VISA                       MasterCard

\_\_\_\_\_  
*Cardholder Name*

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

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Cardholder Email*

\_\_\_\_\_  
*Cardholder Telephone Number*

\_\_\_\_\_  
*Credit Card #*

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

\_\_\_\_\_  
*Signature*

### MAIL APPLICATION AND PAYMENT TO:

**36<sup>th</sup> Annual Conference Exhibitors  
C/o Cathi Kim  
116 John Street, 33<sup>rd</sup> Floor  
New York, NY 10038**

**Or fax to: (212) 809-3274, Attention: Cathi Kim**