



## SUPPLIER REGISTRATION

**NAME** \_\_\_\_\_  
*Please print or type name; will be used for name badge. (Make copies of this form to register each person attending)*

**FIRM AFFILIATION** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

- FULL REGISTRATION – TCA or SCCFA SUPPLIER MEMBER\*\***       TCA or  SCCFA      **\$550.00**
  - All Convention Sessions, Exhibits Booth includes one table, two chairs, waste receptacle & carpet
  - Sunday Evening Reception (**Sponsored by ALL Supplier Members**)
  - Breakfast Monday and Tuesday
  - Lunch on Monday; Evening Reception and Dinner
- SPOUSE, GUEST or SECOND REP OF TCA OR SCCFA SUPPLIER MEMBER**
  - FULL REGISTRATION**      **\$400.00**
    - All Convention Sessions, including Breaks
    - Sunday Evening Reception
    - Breakfast Monday and Tuesday
    - Lunch on Monday; Evening Reception and Dinner
  - LIMITED REGISTRATION (NO ACCESS to Supplier Area)**      **\$300.00**
    - Sunday Evening Reception
    - Breakfast Monday and Tuesday
    - Lunch on Monday; Evening Reception and Dinner
  - FUNCTION ONLY (NO ACCESS to Supplier Area)**      **\$200.00**
    - Sunday Evening Reception
    - Monday Evening Reception and Dinner
- NON-TCA or SCCFA SUPPLIER MEMBER REGISTRATION**      **\$650.00**
  - *Become a Member – Pay Member Registration Rate*  
Membership Application is available for download on TCA website or SCCFA website. Please submit with Registration. Membership Fee includes 1-Year Membership.
- GRAVEDIGGERS' GOLF TOURNAMENT**    Handicap \_\_\_\_\_    Shirt Size \_\_\_\_\_      **\$125.00**

\*\* Electrical and WiFi Availability – see separate Hotel rental forms      **TOTAL**    \$ \_\_\_\_\_

**PAY BY CHECK OR CREDIT CARD:**

Credit Card (circle one)      MasterCard      Visa      AmerExpress

Card Number: \_\_\_\_\_      Expiration Date \_\_\_\_\_

Name as Appears on Card \_\_\_\_\_

Security ID (3 or 4 digit # on back of card) \_\_\_\_\_      Zip Code of **BILLING** address \_\_\_\_\_

Signature \_\_\_\_\_      Amount Charged \$ \_\_\_\_\_

Please send this form, along with payment to:  
 SCCFA  
 P.O. Box 681053  
 Marietta, GA 30068  
 or Email: [SCCFA.office@gmail.com](mailto:SCCFA.office@gmail.com)



Your hotel reservations must be made by **April 25<sup>th</sup>** to receive the TCA/SCCFA room rate.

**REGISTRATION RECEIVED AFTER **APRIL 20TH** – ADD \$50.00 PER PERSON**

Need assistance, please contact: SCCFA – Susan Mena 770-880-7210 or TCA – Melanie Hill 817-339-8210