



**EXHIBIT SPACE APPLICATION AND CONTRACT  
2025 AFSA EXPOSITIONS**

**Vehicle Finance Conference & Expo**  
January 20-23, 2025  
Roosevelt Hotel  
New Orleans, LA  
<http://vehicle.afsaonline.org>

**Independents Conference & Expo**  
May 19-22, 2025  
Hyatt Regency Huntington Beach  
Huntington Beach, CA  
<http://independents.afsaonline.org>

By completing the following, you are making a formal application for exhibit space, which will become binding upon confirmation from AFSA.

**Company Information**

Company Name: \_\_\_\_\_  
Exhibiting as: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Website: \_\_\_\_\_

**Primary Product/Service Description (35 Words or Less – Print Legibly and Check Your Word Count)**

**Exhibit Contact Information (This individual will receive all future 2025 Expo communications.)**

Contact Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Direct Phone: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Client Contact Information (This individual will be printed on conference website and in program guide.)**

Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ *(email will not be included on website listing)*

**Onsite Contact (This individual will work your booth through the end of the expo, guaranteeing no early tear-down.)**

Onsite Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mobile Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Exhibit Space Rates: (place an x beside your intended choice).**

	<u>AFSA BUSINESS PARTNERS</u>	<u>NON-MEMBER</u>
<b>Vehicle Finance Conference</b> <i>(January)</i>	Single Booth <input type="checkbox"/> \$ 5,000	<input type="checkbox"/> \$ 6,600
	Double Booth <input type="checkbox"/> \$12,000	<input type="checkbox"/> \$15,000
	Kiosk <input type="checkbox"/> \$ 4,600	<input type="checkbox"/> \$ 6,100
	Kiosk w/ Monitor <input type="checkbox"/> \$ 5,600	<input type="checkbox"/> \$ 7,600
<b>Independents Conference</b> <i>(May)</i>	Single Booth <input type="checkbox"/> \$ 5,000	<input type="checkbox"/> \$ 6,600
	Double Booth <input type="checkbox"/> \$12,000	<input type="checkbox"/> \$15,000
	Kiosk <input type="checkbox"/> \$ 4,600	<input type="checkbox"/> \$ 6,100
	Kiosk w/ Monitor <input type="checkbox"/> \$ 5,600	<input type="checkbox"/> \$ 7,600
TOTAL	\$ <input type="text"/>	\$ <input type="text"/>
LESS PACKAGE DISCOUNT \$500	\$ <input type="text"/>	\$ <input type="text"/>
<i>Only if exhibiting at both conferences and purchased together</i>		
<b>NET AMOUNT DUE AFSA</b>	\$ <input type="text"/>	\$ <input type="text"/>

**For Office Use Only**

**Exhibit Booth Space Preferences**

While best efforts will be made to fulfill exhibitor's booth choice requests, no guarantees can be made. Submitting an application only establishes the exhibitor's intent to participate in an AFSA Conference Exposition.

- a. **Vehicle Finance Conference & Expo:** 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_
- b. To assist us in assigning the best location, please list the names of competitors you prefer not to be near:  
\_\_\_\_\_  
\_\_\_\_\_

- a. **Independents Conference & Expo:** 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_
- b. To assist us in assigning the best location, please list the names of competitors you prefer not to be near:  
\_\_\_\_\_  
\_\_\_\_\_

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**Contract Authorization**

By signing below, with or without appropriate payment or timely payment of any and all fees, this contract shall become legally binding and enforceable in accordance with its terms once a booth assignment is confirmed by AFSA. The individual signing this document represents that they are duly authorized to execute this binding contract on behalf of the exhibiting company. By signing this agreement, Exhibitor agrees to abide by and be bound to this Contract, AFSA Management's rules and regulation, and any additional rules and regulations published by AFSA Management.

Company Name *(Please print)* \_\_\_\_\_  
Authorized Representative Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Representative Name *(Please print)* \_\_\_\_\_  
Title *(Please print)* \_\_\_\_\_

**Payment Information:**

Once the application is submitted an invoice will be sent for online payment.  
Premier Business Partners (PBP) exhibiting, whose expenditure is \$15,000 or above on their 2025 PBP signed agreement, qualify for quarterly billing so are excluded from this step.

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**SEND TO:** Marilyn McKinnis – Senior Marketing Manager, Email: mmckinnis@afsamail.org Phone: (202) 776-7301