



DEALER/DISTRIBUTOR ATTENDANCE FORM

DEALER/DISTRIBUTOR 1:

DEALER NAME _____ COMMERCIAL MEMBER # _____

CONTACT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____ FAX NUMBER _____ EMAIL _____

DEALER/DISTRIBUTOR 2:

DEALER NAME _____ COMMERCIAL MEMBER # _____

CONTACT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____ FAX NUMBER _____ EMAIL _____

DEALER/DISTRIBUTOR 3:

DEALER NAME _____ COMMERCIAL MEMBER # _____

CONTACT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____ FAX NUMBER _____ EMAIL _____

Each **RV manufacturer and product manufacturer** bringing dealers and/or distributors into their display space must send FMCA the name(s) of all dealer(s)/distributor(s) participating in their display at the event. Upon receipt of this list, FMCA will send each company an exhibitor confirmation so that they may order their own name badges, car passes, guest passes, tax forms, etc.

DEADLINE: IMMEDIATELY

Forms received at FMCA after December 1, 2020, may not be included in the convention program exhibitor listing. If your participants are not commercial members of FMCA, an enrollment form may be found at www.fmca.com or call 800-543-3622. The fee is \$70.00 for the first year; \$50 renewal. You may mail the information to FMCA at the address listed below.

COMMERCIAL MEMBERSHIP NUMBER _____

MANUFACTURER COMPANY NAME _____ DATE _____

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS OR IF YOU NEED MORE THAN 3 SPACES. PLEASE PRINT CLEARLY.

Return the Form with Payment to:
 FMCA | 8291 Clough Pike, Cincinnati, Ohio 45244 | 513-474-2332 fax