

RV DEMONSTRATOR REQUEST FORM

LIMITED AVAILABILITY • DEADLINE DATE: JUNE 3, 2021

RV DEMONSTRATOR

COMPANY NAME _____ COMMERCIAL # _____

DISPLAY SPACE(S) NUMBER _____

NAME OF PERSON MAKING REQUEST _____

EMERGENCY CONTACT WHILE AT CONVENTION: NAME _____ PHONE NUMBER _____

EMERGENCY CONTACT LOCATION WHILE AT CONVENTION: HOTEL _____

DEMO UNITS

1.	_____	_____	_____
	MAKE/MODEL	LENGTH OF UNIT	WIDTH OF UNIT
2.	_____	_____	_____
	MAKE/MODEL	LENGTH OF UNIT	WIDTH OF UNIT
3.	_____	_____	_____
	MAKE/MODEL	LENGTH OF UNIT	WIDTH OF UNIT
4.	_____	_____	_____
	MAKE/MODEL	LENGTH OF UNIT	WIDTH OF UNIT
5.	_____	_____	_____
	MAKE/MODEL	LENGTH OF UNIT	WIDTH OF UNIT
6.	_____	_____	_____
	MAKE/MODEL	LENGTH OF UNIT	WIDTH OF UNIT

PAYMENT

Check enclosed in the amount of \$ _____ made payable to FMC, Inc. Charge by credit card* by calling 513-474-3622 or 800-543-3622.

*Please note that there will be a 4% credit card fee applied to all credit card charges.

FMCA has provided a limited number of parking spaces for exhibiting manufacturers and dealers for parking of test-drive units. Each demonstrator parking space is \$100 per unit. Demonstrator space must be requested in advance. Space will be assigned on a first-come, as available basis. This area will be located onsite near the RV display area. No dealer identification signs, manufacturer signs, or for-sale signs will be permitted on any demo unit. Units may not be used as living quarters. Please furnish the following information and return this form to FMCA immediately. Please include your check made payable to FMC, Inc, for each demonstrator parking space requested, or submit your request via fax machine.

PLEASE NOTE: Demonstration credentials will not be mailed. All demo units must display credentials that must be obtained upon arrival at the exhibitor registration office. If requested in advance, demonstrator credentials will be ready for pickup at the exhibitor office at the event.

COMPANY _____

SIGNED BY AUTHORIZED REPRESENTATIVE _____

TITLE _____

PRINT NAME _____

DATE _____

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS OR IF YOU NEED MORE THAN 6 SPACES. PLEASE PRINT CLEARLY.

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