

**South Florida Fair**  
**Exhibits and Concessions Manual**  
www.southfloridafair.com

P. O. Box 210367  
West Palm Beach, FL 33421-0367

**Physical Address:**  
9067 Southern Blvd.  
West Palm Beach, FL 33411  
(561) 793-0333

**Exhibits & Special Events Manager**

**Lorie Stinson, CFE**

**(561) 790-5245**

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**Concessions**

**Lisa Nichols**

**(561) 472-8491**

**Concessions@southfloridafair.com**

**Officers and Division Directors:**

**Robert Weisman**

Chair, Board of Trustees

**Vicki Chouris, CFE**

President/CEO

**Matt Wallsmith, CPA**

Vice President/CFO

**Becky Brashear, CFE**

Director of Business Development

**Alex Rodriguez**

Director of Operations

**Rita De Mier-Lincoln, CFE**

Director of Brand Management

**Shamel Jalahej**

Director of Finance

**Jeff Swank**

Director of Safety & Security

SFF Staff Contact

Staff APPROVAL

Contact Phone No.

**2023 SOUTH FLORIDA FAIR**

**CREDENTIALS REQUEST FORM**

Group/Company Name: \_\_\_\_\_ Group/Company Contact Person: \_\_\_\_\_

	Name	Photo ID	Working Pass	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	
				1/13	1/14	1/15	1/16	1/17	1/18	1/19	1/20	1/21	1/22	1/23	1/24	1/25	1/26	1/27	1/28	1/29	
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					

<b>For OFFICE USE ONLY</b>	# of Working Passes		File
	Any Day	Date Specific	Ticket Order #
			ID Type

**SOUTH FLORIDA FAIR  
JANUARY 13 - 29, 2023**

**ON-SITE CONTACT LIST**

Please list the name of ALL personnel who will be the on-site contact for the entire run of the Fair.

These names will be the ONLY AUTHORIZED personnel accepted to make transactions at the Vendor's Office.

Please print:

VENDOR/CONCESSION/EXHIBIT NAME: \_\_\_\_\_

\_\_\_\_\_

**AUTHORIZED PERSONNEL**

NAME: \_\_\_\_\_ PH. NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ PH. NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ PH. NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ PH. NUMBER: \_\_\_\_\_