

AASPA'S 71st ANNUAL CONFERENCE - HARTFORD, CT OCTOBER 13-16, 2009
AASPA EXHIBITOR RESERVATION FORM



Exhibitor Information

Company Name _____

Contact Name _____ Title _____

Mailing Address _____

Telephone _____ Fax _____ Email _____

Please provide a 20-30 word description of your company (to be used in the Program Booklet):

2009 ANNUAL CONFERENCE EXHIBIT RATES AND GUIDELINES

- \$750**+ Standard (Good Location): #107-110, 118-119, 130-131, 140-142
- \$850**+ Prime (Better Location): #104-106, 111-117, 120, 129, 132-139, 143
- \$1050**+ Premium (Best Location): #101-103, 121-128, 144-147

Booth Selection

- 1st Choice _____
- 2nd Choice _____
- 3rd Choice _____

Additional Person Fee/\$200
 Yes No \$ _____

Business Partner Web Showcase/\$500
 Yes No \$ _____

Interested in sponsoring Exhibit Hall reception?
 Yes No

Drinks/\$10 each # _____
 Snacks/\$500 each # _____ \$ _____

Will provide gift for drawing in Exhibit Hall?
 Yes No

Exhibitor Meals
 Includes Breakfast October 13-16 & Lunch October 13
 Yes No
 \$75/person # _____ \$ _____

Total Due \$ _____

Booths: Each booth is 10' X 10' and consists of 8' high back wall and 3' high side drape, one 6' table, 2 chairs, wastebasket and ID sign. You will have the opportunity to order other items after you have reserved your booth space.

****Early Registration Deadline:** Prices listed are for registrations received by July 10, 2009. After July 10, 2009, please add a \$50 late fee to booth price.

+Additional Person Fee: You will be provided with two complimentary badges per booth. Additional badges may be purchased at a cost of \$200 each. The maximum number of people per booth at any given time is three. If you require more than three people simultaneously, we ask that you reserve a double booth space.

Conference Program Booklet Advertising

<input type="checkbox"/> Full Page	<input type="checkbox"/> 1/2 Page	<input type="checkbox"/> 1/4 Page	<input type="checkbox"/> Back Cover
\$800	\$450	\$325	\$2,000

Advertising should be in black and white and submitted to AASPA via email. Call AASPA for deadlines and other submission requirements.

Payment (in U.S. dollars)

Check (payable to AASPA)

Credit Card:    

Number _____ Expiration Date _____

Cardholder's Name _____

Signature _____

NOTE: We must have full payment for your booth within three weeks of receiving this form or we will release your booth space. Booth cancellations must be sent in writing. Cancellations received by July 10, 2009 will be refunded the full amount. Cancellations received between July 10 and September 14, 2009 will be refunded if your reserved space is resold. Cancellations made after September 14, 2009 will not be eligible for a refund.

Please complete and return this form to:
 AASPA • 11863 W. 112th Street, Suite 100 • Overland Park, KS 66210
 Phone: (913) 327-1222 • Fax: (913) 327-1223 • aaspa@aspa.org