



## APPLICATION FOR ASHA MEMBER EXHIBIT SPACE

American Speech-Language-Hearing Association

2009 Annual Convention

November 19–21, 2009 • Ernest N. Morial Convention Center • New Orleans, LA

ASHA member exhibits include member-owned companies exhibiting products/services related to the professions of speech-language pathology and/or audiology. This is a one-time-only opportunity for ASHA members to exhibit at the Annual Convention at a greatly reduced rate.

A fee of **\$450.00** for a tabletop exhibit will be charged for each ASHA member exhibit, payable in full with this application. **This amount includes carpet, one 6' draped table, two chairs, and a two-line sign.** An area will be designated in the exhibit hall for these exhibits, and it will be shared by up to fifteen (15) member exhibitors. Applications will be processed in the order that they are received and tables will be assigned accordingly. Because space is limited, we urge you to submit your application as soon as possible. Information provided below will be included in the Exhibits Session & Program Guide.

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Web \_\_\_\_\_

ASHA Member \_\_\_\_\_ Title \_\_\_\_\_

ASHA Member # \_\_\_\_\_

### EXHIBIT DESCRIPTION

For use in the on-site guide. Twenty-five (25) words or less. Statements may be edited. To ensure publication, descriptions must be received by **September 14, 2009**. (E-mail description to Renee Tross at [rtross@asha.org](mailto:rtross@asha.org).)

### REGULATIONS FOR MEMBER EXHIBIT SPACE

- The exhibit must fit on a 2' W x 6' L table.
- The display must be no higher than 4' above the top of the table.
- There cannot be any additional free-standing parts to the display (i.e., easels, racks).
- No exhibit shall obstruct or otherwise interfere with the other member exhibits.
- Exhibit demonstrations must be confined within the bounds of their respective tables.
- Aisle space may not be used to distribute promotional material.

### FOR ASHA USE ONLY

Date received \_\_\_\_\_ Amount received \$ \_\_\_\_\_ Check #/CC \_\_\_\_\_

Company # \_\_\_\_\_ Booth/Table assigned \_\_\_\_\_ Initials \_\_\_\_\_

## COMPLIMENTARY REGISTRATION

The Association will provide **one** complimentary exhibitor badge/registration (full Convention registration) for each ASHA member exhibit. All others staffing the exhibit must register and pay the appropriate registration fee in order to obtain a badge required for admission to the exhibit hall. Exhibit Hall Only Badges are available for \$75. You will receive an email confirmation regarding your booth space with a link to Register your Exhibit Personnel online. More information can be found on the ASHA Web site [www.asha.org/events/convention/exhibitors.htm](http://www.asha.org/events/convention/exhibitors.htm).

Badges can be picked up at the Exhibitor Registration desk (**outside of Exhibit Hall E**) at the Convention Center. (Badges will **NOT** be mailed to you in advance.)

## COMPLIANCE

In compliance with the requirements set forth by the American Speech-Language-Hearing Association, I certify that this application is filed in the name of a company that is an Equal Opportunity Employer.

I have read and agree to abide by all rules, regulations, requirements, and conditions outlined in the Exhibitor Prospectus.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PAYMENT METHOD *(circle one)*

Check *(Payable to ASHA; U.S. funds only)* Visa or MasterCard

*(American Express and Discover are not accepted.)*

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Signature \_\_\_\_\_

## CANCELLATION POLICY

The Association will refund the amount paid, less a \$50 service charge, if written cancellation is received at the ASHA National Office before **August 17, 2009**. NO refunds will be issued after **August 17, 2009**.

Send this completed application and payment to:

**Exhibits, Convention & Meetings-325**  
**American Speech-Language-Hearing Association**  
**PO Box 1160**  
**Rockville, MD 20849**

Or fax to: **301-296-8576**; Attn: Convention Exhibits