



18th Annual Conference – Exhibitor Registration Form

SPONSOR	COST	<input checked="" type="checkbox"/>
Gold SOLD OUT	\$3,000	
Silver SOLD OUT	\$2,400	
Bronze SOLD OUT	\$1,500	

OTHER SPONSORSHIP OPPORTUNITIES	COST	<input checked="" type="checkbox"/>
Networking Reception (1 opportunity) SOLD	\$3,200	
Lanyard Sponsorship (1 opportunity) SOLD	\$2,800	
Afternoon Break Sponsor (2 opportunities)	\$2,500	
Supporters SOLD	\$600	

EXHIBIT	COST	<input checked="" type="checkbox"/>
Exhibitor SOLD OUT	\$650	
Nonprofit SOLD OUT	\$500	

EXHIBITOR ADD-ONS	COST	<input checked="" type="checkbox"/>
Additional Exhibit Staffer SOLD OUT	\$240	
Additional Table SOLD OUT	\$300	
Additional Nonprofit Table SOLD OUT	\$225	
Electricity SOLD OUT	\$50	

CONFERENCE PROGRAM ADVERTISING*	COST	<input checked="" type="checkbox"/>
Back Cover (color) SOLD OUT	\$700	
Full Page (b/w)	\$600	
Half Page (b/w)	\$500	
Quarter Page (b/w)	\$400	
Business Card (b/w)	\$300	

ADDITIONAL ADVERTISING OPPORTUNITIES*	COST	<input checked="" type="checkbox"/>
Conference Bag Insert (first piece)	\$200	
Conference Bag Insert (additional pieces)	\$100	
Take One Station (non-exhibitors)	\$150	
TOTAL COST:	\$	

KEYNOTE SPEAKERS

Dr. Dennis Reid



*Promoting Environments that
Prevent Problem Behavior and
Support Life Quality*

Amy Gravino



Entering Adulthood with Autism

PAYMENT INFORMATION

Check # _____ Purchase Order # _____ Please bill me *(due February 1, 2019)*

Visa MasterCard Amex

Card Number _____

Expiration Date _____

Name on Card _____

Signature *(required for credit card)* _____

EXHIBITOR INFORMATION

Organization Name

Attending Exhibitor (*only one representative included*) Attending Exhibitor's Email

Street City State Zip

Phone Fax

Website General Organization Email

Second Attending Exhibitor (*only if purchasing additional exhibit staffer*)

Special Accommodations

***Logos and print materials are due no later than February 1, 2019. Anything received after this date will NOT be published/included in the conference.**

Please mail form and payment to:

CA

Attn: Mary Crawford
4108 E. Parham Road
Richmond, VA 23228

OFFICE USE: DATE _____ AMOUNT _____ INITIALS _____