

Exhibitors

Each Exhibitor will receive: one rectangle table and two chairs

_____ **\$300 Profit Organizations/Companies** (includes combo for one person)

_____ **\$250 Profit Organizations/Companies** (if not planning to attend banquet)

If there is a second exhibitor, this person will need to pay a full combo ticket, same as everyone else.

_____ **\$250 Non Profit Organizations/Companies** (includes combo for one person)

_____ **\$150 Non Profit Organizations/Companies** (if not planning to attend banquet)

If there is a second exhibitor, this person will need to pay a full combo ticket, same as everyone else.

_____ **\$250 State Agencies** (includes combo for one person)

_____ **\$150 State Agencies** (if not planning to attend banquet)

If there is a second exhibitor, this person will need to pay a full combo ticket, same as everyone else.

_____ **\$50 Table Top Display** (Profit & Non Profit Organizations/Companies/State Agencies)

Table top display space is limited. The materials will be placed on a table that will not be supervised.

If there is a representative at this table, this person will need to pay a full combo ticket if attending the conference, same as everyone else.

Display hours will last from 9:00 AM – 5:00 PM on Friday, August 4 and Saturday August 5, 2017.

Deadline for submitting this exhibit form is Monday, July 10, 2017. Please email a jpeg file copy of your Company's logo to Anita Steichen-McDaniel at ASteichen-McDaniel@scadservices.org

Product Classification: (Please choose one)

___ **Voc. Rehab.** ___ **Mental Health** ___ **K-12 Programs** ___ **Community Programs**

___ **Books, Novelties** ___ **Interpreting** ___ **Social Services** ___ **Speech/Hearing Centers**

___ **Technology** ___ **State Agencies** ___ **Medical** ___ **Colleges, Universities**

Exhibitor assumes the entire responsibility and liability for losses and claims arising out of exhibitor's activities at the Hilton Garden Inn and will indemnify and hold harmless South Carolina Association of the Deaf from any and all such losses, damages, and claims.

Monetary Donations

_____ *Monetary donation contributors will be recognized in our Conference Program Book*

To be part of this year's Conference, submit all forms and payment by Monday, July 10, 2017.

Tax ID number will be provided if requested. Please contact Anita Steichen-McDaniel at ASteichen-McDaniel@scadservices.org for any questions or additional information.

No refunds will be made after Monday, July 10, 2017

Company Name: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Contact Number: _____

Email Address: _____

Amount enclosed \$ _____

Check or Money order payable to: 2017 SCAD Conference

Please mail payment with form to:

South Carolina Association of the Deaf (SCAD)
437 Center Street
West Columbia, SC 29169