



Friday, June 8, 2018
Hartford Marriott, Farmington, CT

13th Annual Conference
Connected in Connecticut!

Exhibitor Registration
Registration Deadline, May 7, 2018*

Schedule of Fees

- **Exhibitor Fee** **\$600.00**
Includes table, chairs, linen, electrical, and lunch/breaks for two (2) representatives.
- **Additional representatives** **\$35.00 each**
Representatives over the 2 included in the Exhibitor Fee
- **CEU's** **\$30.00 per person**
Attend sessions and obtain CEU's

We welcome and encourage corporate sponsorship...

Platinum	\$2000	Lunch - name displayed on all tables during lunch as well as recognition included in gold & silver levels
Gold	\$1000	Breaks - name displayed on breakfast, a.m. and p.m. tables as well as recognition included in silver level
Silver	\$500	Sponsorship of printed materials on the day of the conference

Please submit the registration form along with your payment by **May 7th 2018**.

*Registration and payments received after this date may not be included in our conference signage and brochure.

For questions, contact: Nancy Jablonski at 203-668-0619 or e-mail: nancyjablonski@gmail.com, or Sarah Proulx at 860-208-6397 or email: briggss2010@sbcglobal.net

****A block of rooms has been reserved at the Hartford Marriott Hotel (conference host site) for the vendors. In order to reserve a room please call 888-627-8263 and indicate you are with the Connecticut Academy of Audiology Conference. Special rates have been arranged.

Connecticut in Connecticut 2018

Exhibitor Registration Form

Company Name:

Contact Person:

Mailing Address:

Phone

Fax:

E-mail:

Onsite Representative(s)

Talking points for vendor card:

Exhibitor Fees \$600.00

Additional Representatives @ \$35.00 each

Session CEU Fees @ \$30.00 each

Corporate Sponsorship

Platinum \$2000

Gold \$1000

Silver \$500

Grand Total _____

Check Mail to: CTAA c/o Jennifer Wallberg 600 Johnson Ave Southington, CT 06489

Credit Card (MC, Visa, Amex, Discover) mail to above or fax to 203 735-2539

Name on card

Billing Address:

Card Number

Expiration Date

Security Code

Amount of Charge

Signature authorizing charge _____