



COUNCIL OF ACADEMIC PROGRAMS IN
COMMUNICATION SCIENCES AND DISORDERS

P.O. Box 26532 • Minneapolis, MN 55426 • (952) 920-0966 • Fax: (952) 920-6098
E-Mail: cap@incnet.com Website: www.capcsd.org

EXHIBIT & SPONSORSHIP APPLICATION
Non-Profit Organizations

Council of Academic Programs in Communication Sciences and Disorders
2009 Annual Conference Newport Beach, CA

Company Name _____

Address _____

_____ Zip _____

Phone: toll free _____; other _____ Fax: toll free _____; other _____

Company email : _____ Website: _____

Person to contact regarding contribution _____

Please Print

Phone (____) _____ - _____ FAX (____) _____ - _____ Email _____

Standard display space includes an 8' draped table and 2 chairs. Additional draped tables are \$75 each.
Sponsor display space includes two 8' draped tables and 2 chairs. Additional draped tables are \$75 each.

Electrical Outlets **\$25 per outlet:** Internet, wireless **\$100 per day.**

If you have needs beyond standard display space described above, please contact Frances Laven,
CAPCSD Office, (952)920-0966, cap@incnet.com.

We want to sponsor or co-sponsor one or more of the following events. Sponsorship and co-sponsorship includes the standard display space.

_____ Breakfast (3 available)	\$4,000 (sponsor) \$2,000 (co-sponsor)
_____ Refreshment Breaks (4 available)	\$2,500 (sponsor) \$1,250 (co-sponsor)
_____ Welcome Reception	\$2,500 (sponsor) \$1,250 (co-sponsor)
_____ Thursday Box Lunch	\$2,500 (sponsor) \$1,250 (co-sponsor)
_____ Thursday evening reception	\$2,500 (sponsor) \$1,250 (co-sponsor)
_____ Luncheon	\$8,000 (sponsor) \$4,000 (co-sponsor)
_____ Publication of <i>Proceedings</i>	\$2,500 (sponsor) \$1,250 (co-sponsor)
_____ Support of student representative	\$ 900 (sponsor) \$ 450 (co-sponsor)

As a non-profit organization, we wish to exhibit at the conference for a cost of \$300:
_____ **We will attend the conference to display materials.**

A Meet Our Corporate Sponsors document will be in packets of materials for each conference attendee. The purpose is to provide helpful information to our attendees and to provide more visibility for you. Be brief, i.e., 4-5 sentences for each section. Use a separate sheet. Type or write VERY clearly.

Brief description of your company, its purpose and mission:

Brief description of items you will display, including newest product or information you are marketing to the CAPCSD attendees:

Thank You!
We appreciate your support of the conference.

Sponsor Agreement
Council of Academic Programs
2009 Annual Conference

Liability: Each sponsor will be responsible for the space leased during the conference and will keep it free from hazards to persons on the premises. The Council of Academic Programs and its members will not be responsible for any injury that may occur due to sponsor operators, their associates or employees. It is agreed that in no case shall the Council of Academic Programs and its members be responsible for any loss, theft, or damage by fire, or any injury to any person or article. Each sponsor is responsible for complying with all federal, state, local and conference facility fire and safety codes.

Please return this completed form by **February 1, 2009** with accompanying check or credit card payment.
See attached credit card payment form.

Payment: Exhibit only (\$500) \$ _____
Standard set (1 draped table & 2 chairs)
Additional draped tables at @ \$75 Number of additional tables _____
Exhibit & Sponsor \$ _____
Sponsor set (2 draped tables & 2 chairs)
Additional draped tables at @ \$75 Number of additional tables _____
Electrical Outlets
Number _____ @\$25 \$ _____ Internet @ \$100 per day \$ _____

Total Enclosed \$ _____

Nametags:

Type or print, please, name(s) and title(s) of person(s) who will be at the conference at your display table(s)

Name _____

Title _____

Name _____

Title _____

Name _____

Title _____

For the sponsor, I agree that we will abide by the rules and considerations detailed in this agreement.

Signature

Date



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*The transaction charge will appear on your statement from EAS, Inc.,
Executive Administrative Services, Inc.*

2009 Annual Conference, April 22-25 Newport Beach, CA

Card Type Visa____ Mastercard____

Sponsor Name _____

Date_____

Total \$_____

Name on the card _____

Card Number_____

Expiration date_____ Security Code _____

Billing Address_____

City, State, Zip

Signature_____

Email_____ Phone_____

Fax _____