



**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

APPLICATION FOR EXHIBIT & CORPORATE SPONSORS

Non-Profit Organizations

CAPCSD 2010:
**THE GREAT STATE OF TECHNOLOGY:
CLOSING THE DISTANCE**

April 21-24 Austin, TX

Organization Name _____

Address _____

_____ **Zip** _____

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

Email : _____ **Website:** _____

Person to contact regarding application _____

Please Print

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

Exhibit-only display space includes one 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.

- Our organization will sponsor or co-sponsor one or more of the following events.

_____ 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 evening live music reception	\$2,500 (sponsor) \$1,250 (co-sponsor)
_____ Luncheon	\$8,000 (sponsor) \$4,000 (co-sponsor)
_____ Friday evening music reception	\$2,500 (sponsor) \$1,250 (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.**

- _____ Our organization will ship brochures for display on a table near the registration area. A representative will not attend the conference. Cost is \$250 per display item.
- _____ Our organization will place an ad(s) in the conference brochure.
 Full or half-page ad in the program booklet (booklet size is 7 x 8 1/2)
 Black and white
 \$1,000.00 for full page; \$500.00 for 1/2 page
 Ad copy deadline is February 15
 Tif, gif or pdf format
- _____ Our organization is interested in teaching a session on Friday afternoon. Organization must also register as an exhibitor or sponsor to be eligible for a teaching time session.
 \$ 500 minimum exhibitor/sponsor – \$1000
 \$ 1000-\$2000 exhibitor/sponsor – \$500
 \$ 2000 and above exhibitor/sponsor – \$250

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 organization with description of display items , including newest products or information you are marketing to the attendees:

Thank You!

We appreciate your support of the conference.

Sponsor Agreement
Council of Academic Programs
2010 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 15, 2010** with a organizing 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 \$ _____
Standard set (2 draped tables & 2 chairs)
Additional draped tables at @ \$75 Number of additional tables _____
Electrical Outlets
Number _____ @ \$25 \$ _____ Internet @ \$100 per day \$ _____

Brochure Ad _____
Teaching Time _____
Total Enclosed \$ _____

Nametags:

Type or print, name(s) and title(s) of person(s) who will be representing your organization.

Name _____

Title _____

Name _____

Title _____

Name _____

Title _____

I agree that our organization will abide by the rules and considerations detailed in this agreement.

Signature

Date



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

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

2010 Annual Conference, April 21-24 Austin, TX

Total \$ _____ Date _____

Card Type Visa ___ Mastercard ___ American Express ___

Sponsor Name _____

Name on the card _____

Card Number _____

Expiration date _____ Security Code _____

Billing Address _____

City, State, Zip

Signature _____

Email _____ Phone _____

Fax _____