



**“All Ages and Abilities” Autism/Aspergers Conference
February 14-15, 2009**

800 W Katella Anaheim Ca, 92802

Organization Name: _____

Contact Name: _____ Daytime Phone: _____

Name(s) on Badge _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Fax: _____

Exhibitor Booth: Please Note: Booths are given out on a first come first serve basis!

The Cost of a Booth is **\$700.00** for a tabletop display for the two day conference

Booth Includes:

One 3’X 6’ table ~ two chairs ~two name badges ~ Company name listed in the Conference Syllabus~ Please Note: booth does not include the cost of entrance to the Sessions or CEU’S

- \$50.00 for each additional Name Badge (**Booth worker only**) #of Extra Badges _____ \$ _____
- Non-Profit Organization Booth Cost \$300.00 (501(c) 3)**
Booth Includes One 3’x6’ table ~ two chairs ~ two name Badges \$ _____
- Electricity at booth is an additional fee of \$150.00** \$ _____
Arrangements for Electricity Must be made 7 days prior to the conference

Entrance to Sessions for Exhibitors:

\$100.00 Sat / \$100 Sun / \$180 Both Days / # of exhibitor entrances to Conference _____
\$ _____

Note: This is a special price for Exhibitors Only / Max # of entrances at this price is 4 persons
Name on badge _____

Advertisement: Artwork Deadline-February 1, 2009 (must be sent in a JPEG OR PDF)

The conference syllabus will be 8 1/2” X 11” (*company name must be listed as file name*)

- Full Page Blk & Wht \$650.00 7 1/2”w X 10” h JPEG or PDF \$ _____
- Half Page Blk & Wht \$325.00 7 1/2”w X 5” h JPEG or PDF \$ _____
- Business Card Blk & Wht \$175.00 3 1/2”w X 2” h JPEG or PDF \$ _____
- Inside Front or Back cover Blk & Wht \$900.00 7 1/2 w X 10” h JPEG or PDF \$ _____
- Back Outside Cover Blk & Wht \$1,200.00 7 1/2 w X 10” h JPEG or PDF \$ _____
- Back Outside Cover COLOR \$2,000.00 7 1/2 w X 10” h JPEG or PDF \$ _____

Total Conference amount \$ _____

Please Note: 75% refund prior to February 1, 2009 No refund after February 1, 2009

For 501(c) 3 Discount - payment must be made by non profit & staffed by Non Profit personal

Method of Payment: PLEASE PRINT PAYMENT INFORMATION

Check # _____ or money order make payable to: **Autism-Conferences**

Send checks to: 13229 Dalwood Ave. Norwalk CA 90650

Please charge to my Visa MasterCard **Total Amount \$ _____**

Card number: _____ Exp. Date: _____

Print name as it appears on credit card: _____

Signature: _____

Please return completed form with payment to: Jerry Lundy fax 562-864-6508 or Mail:

13229 Dalwood Ave. Norwalk CA 90650 (**Please Note: DO NOT Email Credit Card Information**)