

**Exhibit Application and Contract**

**Arizona Speech-Language-Hearing Association Convention**

**April 23 & 24, 2010**

Desert Willow Conference Center, 4340 E. Cotton Center Blvd., Suite 100, Phoenix, AZ 85040  
Desert Willow Conference Center Phone: 602.431.0001 Fax: 602.431.5937

**Return completed application with full payment by March 19, 2010 to:**

ArSHA Exhibitor, P.O. Box 12334, Tempe, AZ 85284. Please type or print clearly.

Company/Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Web \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

I certify that we are an Equal Opportunity Employer. I have read and agree to abide by all terms, rules, and regulations set forth in this contract and the exhibitor prospectus.

Signature \_\_\_\_\_ Date \_\_\_\_\_

- \_\_\_\_\_ **Exhibit Space:** \$475 Per 6' Table (with tablecloth and two chairs)
- \_\_\_\_\_ **Space Requirements:** Number of Tables (limit 2 per company/organization)
- \_\_\_\_\_ **Electrical Outlets:** \$30 Per Day (includes electric cord; please bring power bar)
- \_\_\_\_\_ **Internet:** \$50 Per Connection Per Day (\$100 for two days)
- \_\_\_\_\_ **Food:** \$47.50 Per Day-Per Person (continental breakfast, snacks, lunch, and all-day beverages)

**Please indicate your preferred booth/table locations (see attached map).**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

**Exhibitor Identification:** Please provide exact spelling for Exhibitor Listing below:

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**Full payment is due with this application by March 19, 2010.**

Payment Method: \_\_\_\_\_ Check (# \_\_\_\_\_ ) Payable to ArSHA; US funds only.  
\_\_\_\_\_ Purchase Order (# \_\_\_\_\_ #)

**FOR ArSHA USE ONLY**

Date Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Check or Purchase Order #: \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_

Total # Table(s): \_\_\_\_\_ Table # (s) Assigned: \_\_\_\_\_ Electric: F/S Internet: F/S Food: F/S