

Exhibit Application and Contract
Arizona Speech-Language-Hearing Association Convention
Friday, April 20, 2012 & Saturday, April 21, 2012

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 no later than March 30, 2012 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:** \$550 per 6' Table/2days (tablecloth, 2 chairs, food and beverages 2 days; limit 2 persons)
- _____ **Space Requirements:** Number of Tables (limit 2 tables 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)

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

1. _____ 2. _____ 3. _____ 4. _____

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

Full payment is due with this application by no later than March 30, 2012.

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

Circle One: _____ AMEX/VISA/MC/Discover: Contact treasurer@arsha.org for processing.

FOR ArSHA USE ONLY

Date Received: _____ / _____ / _____

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

AMEX / VISA / Master Card/Discover (circle one) Amount Received: \$ _____

Total # Table(s): _____ Table # (s) Assigned: _____ Electric: F/S Internet: F/S