



February 21-22, 2011
Early Hearing Detection & Intervention Conference

Exhibitor Registration Form
Due by February 1, 2011

Omni Hotel at CNN Center* Atlanta, GA

Organization: _____

Onsite Contact Rep: _____

Organization Website: _____
(Your link will be posted on the conference website)

Address: _____

City, ST, Zip: _____

Day Phone: _____

Fax: _____

Email: _____

FOUR EASY WAYS TO REGISTER

On-line, fax, and phone registrations must include credit card or purchase order information.

- 1. ON-LINE: www.EHDIconference.org
2. FAX: 435-797-0636
3. MAIL: Conference Registration Services
Utah State University
5005 Old Main Hill, Logan UT 84322-5005
4. PHONE: 800-538-2663 or 435-797-0423

BOOTH REGISTRATION

- EXHIBITOR/SPONSOR* \$1,500
EXHIBITOR..... \$1,100
NON PROFIT EXHIBITOR/SPONSOR*..... \$450
NON PROFIT EXHIBITOR \$250

*Sponsor pricing includes special recognition as a luncheon sponsor

(Price includes Box Lunch on Monday, February 21st)

ADDITIONAL EXHIBIT STAFF

For Exhibit staff who will ONLY work in the booth and NOT attend the conference. This price includes a box lunch.

of Addt'l Exhibit Staff @ \$50 each = \$ _____

Please enter the names of the additional exhibit staff below:

We prefer NOT to be next to:

CONFIRMATIONS

Confirmations will be e-mailed within 5 business days of receipt of registration.

CANCELLATION & REFUND POLICY

Refunds will be made to those registrants who must cancel, less a \$50 processing fee. Written cancellation requests must be postmarked on or before February 12, 2011. No refunds will be made after that date. Substitutions are welcome. Utah State University reserves the right to cancel this event or portions thereof due to insufficient enrollment and limit their liability to registration refunds only.

SPECIAL NEEDS

Notice of any special needs must be provided by February 1, 2011 in order to be accommodated.

- Reasonable accommodations are available for persons with disabilities. Please check here for additional information.
Please check here if you have special dietary considerations and include an explanation of your requirements.

METHOD OF PAYMENT

Full payment is required with registration (check one)

- Check payable to: Utah State University Conference Services
Purchase order # _____ (please attach copy)
Visa MasterCard AmEx Discover Diners Club
Card # _____
Exp. Date _____
Name listed on card _____
Signature _____
Cardholders phone # _____

Total Amount Enclosed: \$ _____