

CEASD 2010
April 23-26, 2010
Harrah's Council Bluffs, Iowa
EXHIBITOR RESERVATION FORM
Deadline: March 26, 2010

Name of Company/Organization _____

Address _____

Telephone _____ V ___ TTY ___ Fax _____

Email _____ IP Address/VP Phone _____

Reservation Made By: _____

Representative(s) Who Will Attend Conference (for Conference Badges): See next page for pricing details.

_____ Name & Title _____ Name & Title

_____ Name & Title _____ Name & Title

Exhibit costs do not include hotel room charges. Exhibitors who plan to stay at the hotel must make reservations directly with Harrah's. The CEASD room rate is \$99.00/night plus tax (single or double). Reservations must be made on or before April 6, 2010 in order to secure the CEASD special rate. See conference website for additional details: <http://www.iowaschoolforthe deaf.org/CEASD>

Exhibit Size and Costs
Select the size of your booth from the table below

Booth Size (skirted table)	Complimentary Registration	Booth Fee
1 - 6 ft table	1	\$350*
2 - 6 ft table	2	\$700**

*This fee includes a complimentary registration for one individual, including attendance at any of the session workshops, 2 breakfasts, opening reception, Sunday banquet, 2 luncheons, and snacks during breaks.
 **This fee includes two complimentary registrations, including attendance at any of the session workshops, 2 breakfasts, opening reception, Sunday banquet, 2 luncheons and snacks during breaks.

Cancellation Policy

In the event an exhibitor must cancel participation in CEASD, the exhibitor will be reimbursed based on the following timeline:

Cancellation before March 26, 2010 — 50% refund
Cancellation after March 26, 2010 — NO REFUND

CEASD Conference Exhibitor Fees

The exhibitor is responsible for additional costs related to TV/VCR/DVD needs or shipping and receiving.

Booth Exhibit Fee	\$350.00 each (single table & one admission)	\$ _____
	\$700.00 each (double table & two admissions)	\$ _____
Additional Name Badges (Includes admission to all workshops and meal events)	____ @ \$350 each	\$ _____
1 Wired Internet connection	____ @ \$250 each	\$ _____
1 Wireless Internet connection	____ @ \$125 each	\$ _____
Electrical hookups	____ @ \$20 each	
Total Amount Due to ISD:		\$ _____

PLEASE MAKE CHECKS PAYABLE TO: Iowa School for the Deaf

Exhibitor Policies

Badges Admission to the event requires a conference name badge. Badges must be worn at all times, even during set-up and tear-down.

Shipping Exhibitors are responsible for the shipping/ mailing of all exhibit equipment and materials either to or from the hotel. Exhibitors must make arrangements for shippers to meet exhibitor to ship materials from hotel. **Hotel staff will not be able to assist with outgoing shipping.** Please inform Deb LeHeup of packages being shipped to the hotel and to get shipping instructions.

Set Up (tentative) Exhibitors can set up between 2:00 – 5:00 p.m. on Friday, April 23rd, and between 8:00 a.m. – 10:00 a.m. on Saturday, April 24th.

Exhibit Hours (tentative) The exhibit space will be open from 10:00 a.m. – 5:00 p.m. on Saturday, April 24th, and from 8:00 a.m. – 3:00 p.m. on Sunday, April 25th.

Equipment for Exhibit Space Please communicate all equipment needs with the exhibit hall coordinator, not with hotel staff.

Timely Dismantle Exhibitor agrees to dismantle display between 3:00 – 5:00 p.m. on Sunday, April 25th.

Access Control 24-hour access control will be provided from the beginning of set-up to the end of tear-down. Exhibit Coordinator, Harrah's or CEASD shall not be held responsible for the loss of any material by and any cause and urge the exhibitor to exercise precautions to discourage loss due to theft or any other cause. No responsibility is assumed by Exhibitor Coordinator or Hotel staff for goods delivered to the "exhibit area" or for materials left in the "exhibit area" at anytime. Exhibitors are encouraged to insure exhibit property against loss or theft.

Contact Deb LeHeup at dleheup@iowaschoolforthe deaf.org with exhibition question or for more information.

**Please send the completed form and
payment to the attention of:**

**Iowa School for the Deaf
Attn: Deb LeHeup
3501 Harry Langdon Blvd
Council Bluffs, IA 51503**

Office Use Only

Date Received	_____
Amount Received	_____
Check #	_____
Confirmation Sent	_____