

CASL CONFERENCE 2008 EXHIBITOR REGISTRATION FORM

PLEASE PRINT OR TYPE YOUR COMPANY'S NAME, AS IT WILL APPEAR ON THE PRINTED PROGRAM:

Exhibiting Firm _____

Contact Name _____

Signature _____

Address _____

City _____ State _____ Zip Code _____

Phone Number w/AreaCode _____

E-mail Address (**REMEMBER ALL CHANGES WILL BE FORWARDED BY E-MAIL!**) _____

- I (We) would like to exhibit: _____ Monday, November 10th, from 8:00 AM-4:00 PM.
- Donations of books, gifts or services to *CASL'S GREAT Giveaway* will be gratefully appreciated. Our company plans to participate in the GREAT Giveaway: **YES** **NO**
- Our company would like to donate materials for the membership packets. We will send _____

- Our company would be proud to sponsor a(n): _____ Coffee Break _____ Ice Cream Social _____
_____ Cookie Snack _____ Other _____

REPRESENTATIVE(S) ATTENDING THE CASL CONFERENCE (USE THE BACK FOR ADDITIONAL NAMES):

NAME

ADDRESS

PHONE

OUR COMPANY WILL EXHIBIT (PLEASE BE SPECIFIC):

Print Material _____ Hardware _____ Software _____

Other _____

PLEASE RESERVE (THE NUMBER):

_____ *Table(s)* - The price of one (1) table is **\$300.00**. Included in the price of a table is one lunch. \$ _____

_____ *Hotspot*: For an additional \$50 you can request a hotspot which is a table placed in a high traffic area and located near food. **There is only 1 remaining.** \$ _____

_____ *Electrical Outlets* - Each 110 Volt/15 Amp Outlet is \$21.20. Please fill-out and return the enclosed *Electrical Outlet Form* with this *Registration Form* \$ _____

*In order to avoid tripped circuit breakers,
Please reserve a sufficient number of outlets.* \$ _____

_____ I want to buy additional *Lunches* @ \$20 (ea.) \$ _____

CASL CANNOT ACCEPT CREDIT CARD PAYMENTS **TOTAL PAYMENT** \$ _____

If you wish to be located near another vendor, please use the reverse side and be very specific.
Your payment must accompany this reservation. Reservations must be received by **October 15, 2008**.
Refunds will be made for cancellations received on or before **October 18, 2008**.

Please mail this form with your check payable to **CASL Conference '08** to:

Anne Weimann, CASL Conference 2008, 25 Elmwood Ave., Trumbull, CT 06611.

Please contact Paula Daitzman, Vendor Chair at PDD2002@optonline.net with any inquiries.