



The 2009 CAID National Conference
June 22-26, 2009 **Gallaudet University Campus** **Washington, DC**
Exhibitor Registration Form

Exhibitor Information		
Company/Division/Organization:		
Address:		
City:	State:	Zip:
Telephone:	Fax:	
Email:		
Name and Title of Exhibitor (EXACTLY):		

Exhibit Space including One 4'x8' Skirted Table, Two Chairs, and The Program Book.		Cost
	\$600.00 per exhibit space.	
Your Name in The Program Book:		
Full Color:	<input type="checkbox"/> full page - \$400.00 <input type="checkbox"/> ½ page - \$300.00 <input type="checkbox"/> ¼ page - \$200.00	
Black and White:	<input type="checkbox"/> full page - \$200.00 <input type="checkbox"/> ½ page - \$150.00 <input type="checkbox"/> ¼ page - \$100.00	
		Total: \$

Payment Information
Please send this exhibitor registration form and payment of the amount made payable to the CAID, Inc. by May 30, 2009 to:
Joseph Stanislow CAID Sponsor/Exhibitor Coordinator 30 Van Cortland Drive Pittsford, NY 14534

More Information
Please feel free to contact the Exhibits Coordinator, Joe Stanislow at e-mail: joseph.stanislow@rit.edu .