



2018 KAA Exhibitor Registration Form

Send this form and payment to: Kentucky Academy of Audiology

446 East High Street, Suite 10, Lexington, KY 40507

Fax: (859) 271-0607 | vyoung@kyaudio.org

CONTACT INFORMATION

COMPANY NAME

BOOTH CONTACT NAME

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

NAME FOR CONFERENCE BADGES (1) *Included with Booth*

NAME FOR CONFERENCE BADGES (2) *Included with Booth*

NAME FOR CONFERENCE BADGES (3) *Additional fee required*

NAME FOR CONFERENCE BADGES (4) *Additional fee required*

Sponsor Opportunities

(Vendors must choose at least one sponsor option below to be eligible for sponsor booth rate)

Meal Sponsors \$650

Student Scholarships \$750

Student Presentation Awards \$500

Name Badge/Lanyard Sponsor **SOLD**

Conference Bag Sponsor **SOLD**

Other Opportunities

Conference Bag Insert \$100

Please indicate the category that best describes your company:

Manufacturer

Distributor

Supplier

Wholesaler

Other: _____

All sponsors will be listed on materials distributed as well as on signage at event.

BOOTH RESERVATION

KAA Sponsor Rate \$700 per table (for sponsoring vendors)

Non-Sponsor Rate \$1000 per table

Non-Profit Rate \$200 per table

Additional Booth Representative \$50 x _____

BOOTH PREFERENCES

Yes, I need Electric

No, I do not need Electric

All tables will have tablecloths. All Vendors will have access to meals provided and to any CEUs they would like to obtain. You can also provide any materials that you would like included in attendee conference bag.s; materials must be sent directly to Hotel for arrival two days in advance of event. Vendors will provide short presentations to small groups at three different times throughout the day to ensure speaking with all attendees.

Payment Information

Total Due \$ _____

Our check is enclosed
(made payable to KAA).

Please charge this amount \$ _____
to this credit card:

AmEx Visa MasterCard

Card Number

Expiration Date

Name on Card

Signature

Date