



2019 KAA Exhibitor Registration Form

Send this form and payment to: Kentucky Academy of Audiology

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

Phone: (859) 977-7459 | 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* _____

BOOTH RESERVATION

- KAA Standard Table Rate \$850 per table
- Non-Profit Rate \$200 per table
- Additional Booth Representative \$50 x _____

NAME _____

NAME _____

BOOTH PREFERENCES

- Yes, I need Electric
- No, I do not need Electric

All tables will be 6' skirted with 2 chairs and wastebasket.

The standard table rate reflects guaranteed face time with all attendees 3 times throughout the conference.

All vendors will have access to all meals provided and any CEUs they would like to obtain.

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
- Conference Bag Insert \$100
- Name Badge/Lanyard Sponsor \$1400
- Conference Bag Sponsor \$1400

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.

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 _____