



2021 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) 977-7445 | pallen@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 (includes two registrations)

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.

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

Please contact KAA Events Manager, Ilse Dehner, at idehner@kyaudio.org or (859) 977-7459 with any questions.

Sponsor Opportunities

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

Meal Sponsors \$750

Conference Bag Insert \$250

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 _____