

Organization:

Primary Contact:	
Address:	
City, ST, Zip:	
Day Phone:	
Email:	
Onsite Contact/Rep (if different):	
Cell Phone:	
Email:	
Organization Website:	
EXHIBIT BOOTH REGISTRATION Exhibit Booth Registration includes one exhibitor staff registration for the 2014 EHDI Annual Meeting. Pre-sessions not included. EXHIBIT BOOTH	1,100
ADDITIONAL EXHIBIT STAFF For Exhibit staff who will ONLY work in the booth ar NOT attend the meeting. # of Add'l Exhibit Staff @ \$50 each = \$	
Names of additional exhibit staff:	
Note: Additional Exhibit Staff who wish to attend the Meet sessions must register separately via the main meeting registration process.	ting
Booth Placement: We prefer NOT to be next to:	
New! Upgrade to become a Sponsor. Increase your exposure at the EHDI Meeting and get your exposure and an ad in the program book free. See the sponsorsh page on the EHDI meeting org website to complete the sponsorsh	nip

PROGRAM ADVERTISING

All ads subject to approval (check if paid with sponsorship)

□ SPONSOR EXHIBIT BOOTH (subject to approval)

FULL PAGE (within book)	□\$ 900	☐ Sponsor
HALF PAGE (horizontal or vertical)	□ \$ 650	☐ Sponsor
QUARTER PAGE	□\$ 400	☐ Sponsor

EXHIBITOR REGISTRATION

Early Hearing Detection & Intervention 2014 Annual Meeting April 13-15, 2014 JACKSONVILLE, FLORIDA

FOUR EASY WAYS TO REGISTER

Online, fax, and phone registrations	must	include	credi
card or purchase order information.			

1. ONLINE: www.EHDImeeting.org

2. FAX: 435-797-0636

3. MAIL: Conference Registration Services

Utah State University

5005 Old Main Hill, Logan UT 84322-5005

4. PHONE: 800-538-2663 or 435-797-0423

SPECIAL NEEDS

Notice of any special needs must be provided by March 1, 2014 in order to be accommodated.

☐ Reasonable accommodations are available for	persons
with disabilities. Specify here:	

Note: ASL Interpreter and CART services ARE NOT provided at exhibit booths. Please make your own arrangements if you will need these services at your booth. Service provider referrals are available by request.

considerations requirements.	and include	an explan	ation of you	ır
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METHOD OF PAYMENT

Full payment is required with registration (check one)

☐ Please check here if you have special dietary

☐ Check payable to: <i>Uta</i>	ah State Un	iversity C	onference Services
☐ Purchase order #			(please attach copy)
□ Visa □ MasterCard	☐ AmEx	□ Disco	ver Diners Club

Call 800-538-2663 or 435-797-0423 with Card # & exp date

Total Amount Enclosed: \$_____

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Confirmations will be e-mailed within 5 business days of receipt of registration.

CANCELLATION & REFUND POLICY

Refunds will be made to those registrants who must cancel, less a \$75 processing fee. **Written cancellation** requests must be postmarked on or before **March 1, 2014**. No refunds will be made after that date. Substitutions are welcome with no processing fee if the same payment method is used. Utah State University reserves the right to cancel this event or portions thereof due to insufficient enrollment and limits liability to registration refunds only.