



KAD Conference

June 3rd - 5th, 2011
"We can, You can"
Ramada Hotel
1616 W. Crawford Street
Salina, KS 67401



Exhibition Booth Form

RATES (Check all that apply)	DEADLINE: MAY 1, 2011
<input type="checkbox"/> One Table with 2 chairs \$50	Exhibition Schedule: Friday, June 3, 2011: 8:00 am - 4:00 pm Saturday, June 4, 2011: 8:00 am - 3:00 pm Table includes: 8' x 10' table with two chairs White linen table cover and nameplate
<input type="checkbox"/> Electric Outlet/Internet Access \$10	
____ How many person(s) at the booth (limit to two)?	
** \$30 per person includes both \$10 Registration Fee and \$20 KAD 2-years membership	
** Can attend Business Session, Exhibition Hall, Workshops	

Business/Organization Name (if applicable): _____

Print Name (or representative): _____

Address: _____

VP: _____ Email: _____

Describe what will be displayed: _____

Authorized Exhibitor (print): _____

Signature and Date: _____

Amount Paid: \$ _____

EXHIBITION BOOTH FORM SUBMISSION

Please mail the form with your check or money order payable to KAD with "Exhibition Booth" on the Memo to:

KAD
P.O. Box 10085
Olathe, KS 66051

CONTACT INFORMATION

Karen Kerby, Booth Coordinator
rkkerby@sbcglobal.net

www.deafkansas.org

Please make a copy of completed form for your records.