

# The 6<sup>th</sup> Annual Parent and Professional Networking Conference

## Saturday March 13<sup>th</sup>, 2010

College of DuPage, 425 Fawell Blvd. Illinois 60137

### Exhibit Space Application

Vendor space is limited

**Exhibitor Information:**

Company Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_

Job Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

For- Profit: \_\_\_\_\_ Non-Profit \_\_\_\_\_

Name(s) of representatives attending conference:

1. \_\_\_\_\_

2. \_\_\_\_\_

**Exhibit Fee:** For-Profit **\$140.00** Non-Profit **\$100.00** Please Circle one.

Includes: Two Complimentary registrations. 1 six foot table, listing of company name and website in program, light breakfast and lunch.

Please check here if you will need electric: \_\_\_\_\_

Full Page ad (black and white ad space) are available the conference program for a fee of \$75.00. Half page ads are available for \$50.00. Please send all ads in pdf or jpg format.

Please fill in the appropriate spaces:

Our organizations requires \_\_\_\_\_ exhibit tables(s)

Box lunch choice: Beef \_\_\_\_\_ Turkey \_\_\_\_\_ Vegetarian \_\_\_\_\_

Amount enclosed with application: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp.Date \_\_\_\_\_ CVV \_\_\_\_\_

Name on the card: \_\_\_\_\_

Please send payment to: The Autism Society of Illinois,  
2200 S. Main Street, Ste.205,  
Lombard, Illinois 60148

**Please do not contact the College of Du Page for information**

Thank you,

The Autism Society of Illinois Staff

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**For The Autism Society of Illinois Use Only:**

**Date received:** \_\_\_\_\_ **Check Number** \_\_\_\_\_

**CC Processed** \_\_\_\_\_ **Entered in the database:** \_\_\_\_\_