



EXHIBITOR REGISTRATION INFORMATION

**AATSP Annual Conference
July 6-9, 2017
Chicago, Illinois**

- For your company's name to appear in the conference program we must have your registration and payment no later than **Wednesday, March 1, 2017**.
- Orders will be processed on a first-come, first-served basis.

Exhibit dates are July 6-7, 2017. Move-in: Thursday, July 6 (9:00am-11:30am); Move-out: late afternoon Friday, July 7 (after 2:00pm). (Times are approximate and subject to change. Exhibitor Kit will have final times.)

The exhibitor services company will be responsible for installing the booths in the exhibit area of the Hilton Chicago Hotel. The price of each exhibit booth is USD \$450.00 and includes the following: one 10' x 10' booth including pipe and drape; one table; two chairs; one wastebasket; a sign with the company name.

All registered exhibitors will receive an Exhibitor Kit with further information and complete instructions regarding when and where to mail materials you wish to exhibit and how to order additional equipment that you may need. The Exhibitor Kit will be sent out approximately one month prior to the conference.

The exhibitor assumes entire responsibility and hereby agrees to protect, indemnify, defend and hold harmless the American Association of Teachers of Spanish and Portuguese, Hilton Chicago Hotel, and its employees and agents against all claims, losses, or damages to persons or property, governmental charges or fines and attorneys' fees arising out of or caused by exhibitor's installation, removal, maintenance, occupancy or use of exhibition premises or part thereof, excluding any such liability caused by the sole negligence of the American Association of Teachers of Spanish and Portuguese, Hilton Chicago Hotel, its employees, and agents.

In addition, the exhibitor acknowledges that the American Association of Teachers of Spanish and Portuguese and the Hilton Chicago Hotel, do not maintain insurance covering Exhibitor's property. It is the sole responsibility of the exhibitor to obtain business interruption and property damage insurance covering such losses.

Payment of USD \$450.00 per exhibit booth (VISA, Master Card, check) must accompany the signed contract and be mailed or faxed directly to AATSP at the address or fax number given below no later than **Wednesday, March 1, 2017**.

**Return Registration Form and payment to:
AATSP Exhibits, 900 Ladd Road, Walled Lake, MI 48390. Fax: 248-960-9570
Attn: Debra Nigohosian (dnigohosian@aatsp.org)**

CANCELLATION/REFUND POLICY

- All refund requests must be made in writing **no later than March 1, 2017** via email or U.S. Postal Service (postmarked by March 1, 2017). **No refunds after March 1, 2017.**
- All refund requests will be subject to a **\$100.00 processing fee.**
- All refunds will be processed after the conference; please allow 8 weeks for processing.

**AATSP
900 Ladd Road
Walled Lake, MI 48390
Phone: 248-960-2180 Fax: 248-960-9570
www.aatsp.org**

EXHIBITOR REGISTRATION FORM

Exhibitor *(please print company name the way you would like it to appear on your booth sign and in program.)*

Exhibitor Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

E-mail Address _____

Website URL _____ Twitter ID _____

Representative(s) names: *(Included in exhibitor fee: two badges; for additional badges please include \$50 per additional badge with your payment)*

1. _____ 3. _____

2. _____ 4. _____

Authorized Signature _____ Date _____

_____ Number of booths needed @ \$450 USD each Total _____

_____ Tickets for the Awards Banquet @ \$75 USD each Total _____

*Awards Banquet will take place on
Saturday, July 8, 2017 from 6:00pm-8:30pm*

Total Remittance Enclosed _____

_____ Please contact me regarding a sponsorship at the AATSP Annual Conference.

_____ We would like to reserve an exhibitor session, a 30-minute or 75-minute presentation to promote our products or services. Limited to the first paid fifteen exhibitors.

**Credit Card Payment Information: (Visa/Master Card/check in U.S. Dollars made payable to AATSP)
Due no later than: Wednesday, March 1, 2017**

Amount \$ _____

Exp. Date _____ / _____ 3-Digit Security Code _____

Credit Card # _____

Credit Card Billing Address _____

State _____ Zip _____

Name on Card (print) _____