

# Exhibitor Form

25<sup>th</sup> Annual Pacific Rim International Conference on Disabilities



## Exhibitor Information

Company/Product Name \_\_\_\_\_  
*Print exactly as it should be displayed*

Contact Person \_\_\_\_\_ Title/Position \_\_\_\_\_  
*Full name*

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail Address \_\_\_\_\_

## Conference Exhibitor Representatives

*Maximum of two (2) people*

Full Name \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Full Name \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

## Method of Payment

Make all checks/money orders/purchase orders payable to: "2009 Pacific Rim Conference, RCUH #1324 – Center on Disability Studies" Federal Tax ID # 99-0115254.

Total Amount \$ \_\_\_\_\_

- Check # \_\_\_\_\_  Money Order  
 Purchase Order # \_\_\_\_\_  Credit Card

## Credit Card Information

Check one:  MasterCard  Visa  Government P-Card

Card Number \_\_\_\_\_ 3-4 digit security code \_\_\_\_\_  
*Located on the back of the card*

Name \_\_\_\_\_ Expiration Date \_\_\_\_\_  
*As it appears on card*

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

*Completion and submission of this application confirms that the exhibitor applicant has read and agrees to the information and guidelines stated. Signature of the applicant is required for processing the application.*

Exhibitor Name \_\_\_\_\_ Date \_\_\_\_\_  
*Print*

Exhibitor Applicant Signature \_\_\_\_\_

**International Conference  
on Disabilities, May 4-5**

## Exhibitor Rates

Standard Booth  
One Registration  
**\$350**

One (1) 8' (approx) Table Space, One (1) Covered & Skirted Table, One (1) Chair, One (1) Complimentary Conference Registration.

Standard Booth  
Two Registrations  
**\$625**

One (1) 8' (approx) Table Space, One (1) Covered & Skirted Table, Two (2) Chairs, Two (2) Complimentary Conference Registration.

Double Booth  
Two Registrations  
**\$675**

One (1) 8' x 16' (approx) Table Space, Two (2) 8' Covered & Skirted Tables, Two (2) Chairs, Two (2) Complimentary Conference Registrations.

Literature Table,  
**\$100**

Placement for up to 1,000 pieces.

### Please Note the Following

1. Only one (1) company, business or organization per registration form will be accepted. Payment must accompany each completed registration form (not including those paying by purchase order).
2. Conference registrations are complimentary for the exhibitors only & cannot be transferred or sold.

Mail to Pac Rim 2009/C.Crockett, Center on Disability Studies, College of Education, UHM, 1776 University Avenue, UA 4-6, Honolulu, Hawai'i 96822; Fax (808) 956-7878; or E-mail [ccrocke@hawaii.edu](mailto:ccrocke@hawaii.edu)