

2010 EXHIBIT / SPONSOR / ADVERTISING CONTRACT

PLEASE PRINT OR TYPE ALL INFORMATION AND MAKE A COPY FOR YOUR RECORDS:

Company Name _____
(As it should appear in the Convention Final program and on your Booth Identification Sign)

Name of Authorized Representative _____ Title _____
(This person will receive ALL future instructions)

Street / Mailing Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Email _____ Website _____

COMPANY DESCRIPTION: *Email a description of your product or service (50 words MAX) to cmiglino@cpapsych.org.* This description, along with the company contact information above, will be included in the Convention Onsite Program that will be given to all attendees. Please email your description at the same time you mail or fax this form to CPA.

Name of Exhibit Onsite Contact (if different than above person):	
Name _____	Title _____
Street or Mailing Address _____	
City _____	State _____ Zip _____
Telephone _____	FAX _____ Email _____
For each paid booth, your company will receive one booth personnel registration. Additional exhibitors may register for \$100. If booth personnel wish to attend the convention, and/or receive CE credits, they MUST pay the Convention registration fee. Online registration is available at www.cpapsych.org .	

TABLETOP SPACE FEE:

Received **ON OR BEFORE** January 15, 2010: **One table is \$400** \$ _____
Received **AFTER** January 15, 2010: **One table is \$500** \$ _____
Electricity to table \$25 \$ _____
Fee includes draped six foot table, 1 chair, description in Final Program, and 1 booth personnel name badge.

ADVERTISING IN FINAL ONSITE PROGRAM:

Camera-ready ad submission deadline is February 15, 2010.

Reserve page ad	Full page Color – Inside Front @ \$1800	\$ _____
	Full page Color – Inside Back @ \$1600	\$ _____
	Full page Color @ \$1200	\$ _____
	Full page b&w @ \$850	\$ _____
	1/2 page b&w @ \$550	\$ _____
	1/4 page b&w @ \$350	\$ _____

SPONSORSHIP OPPORTUNITIES:

My company wishes to be a 2010 Convention sponsor. In the amount of \$ _____
TOTAL (Check enclosed or credit card charge amount): \$ _____

METHOD OF PAYMENT:			
<input type="checkbox"/> Check enclosed (payable to CPA – Check # _____)	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Card Number _____	Exp. Date _____	3-digit code _____	
Name as it appears on card _____	Signature _____		
Billing address for card _____	Street _____	City _____	State _____ Zip _____

WE AGREE TO ALL EXHIBITOR REGULATIONS INCLUDING THE SETUP AND BREAKDOWN SCHEDULE:

Signature (must be signed to complete registration process) _____ Printed Name _____ Date _____

RETURN THIS CONTRACT, PAYMENT and COMPANY DESCRIPTION TO: CPA, 1231 "I" Street, Suite 204, Sacramento, CA 95814 FAX credit card payments ONLY to 916-286-7971. Contact Cindy Miglino with questions cmiglino@cpapsych.org or 916-286-7979 x123
