



EXHIBITOR REGISTRATION INFORMATION

**AATSP Annual Conference
July 10-13, 2010
Guadalajara, México**

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

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

The exhibit company will be responsible for installing the booths in the exhibit area of the Hotel Presidente Intercontinental. The price of each exhibit booth is USD \$600.00 and includes the following: one booth approximately 8' x 10' of pipe and drape, basic electricity for the booth, one table, chair and a sign with the company name.

You 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 approximately one month prior to the conference.

Payment of USD \$600.00 per exhibits booth (VISA, Master Card, check) must accompany signed contract and be mailed or faxed directly to AATSP at the address or fax number given below no later than **Friday, May 14, 2010**.

PLEASE NOTE: For your company's name to appear in the conference program we must have your registration and payment no later than Monday, March 1, 2010. Names of Exhibitors registering and paying after that date will be included in the addendum to the program.

Exhibit dates are July 10-12, 2010. Move-in is the morning of July 10. Exhibits open approximately at 2:00 PM July 10. Move-out is 5:00 PM on July 12. (Times subject to change. Exhibitor Kit will have final times.)

Orders will be processed on a first-come, first-served basis.

Return agreement and payment to:

**AATSP Exhibits, 900 Ladd Road, Walled Lake, MI 48390. Phone: 248-960-2180 Fax: 248-960-9570
Attn: Cindy Kendall**

CANCELLATION/REFUND POLICY

- All refund requests must be made in writing **no later than March 1, 2010** via email or U.S. Postal Service (postmarked by March 1, 2010). **No refunds after March 1, 2010.**
- All refund requests will be subject to a **\$50.00 processing fee.**
- All refunds will be processed after the conference, please allow 8 weeks for processing.

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

EXHIBITOR REGISTRATION FORM

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

Representative(s) names: (*included in exhibitor fee: three badges; for additional badges please include \$25 per additional badge with your payment*)

1. _____

2. _____

3. _____

4. _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

E-mail Address _____

Authorized Signature _____ Date _____

_____ Number of booths needed @ \$600 USD each Total _____

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

*Awards Banquet will take place on
Monday, July 12, 2010 at 6:00 PM*

Total Remittance Enclosed _____

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

_____ We would like to reserve an exhibitor session, a 75-minute presentation to promote our products or services.

Deadline for proposal submissions: Friday, January 15, 2010

Exhibitors please submit your session proposal [online](http://www.aatsp.org). (AATSP website: www.aatsp.org)

Credit Card Payment Information: (Visa/Master Card/check/money order made payable to AATSP)

Amount \$ _____

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

Credit Card # _____

Credit Card Billing Address _____

State _____ Zip _____

Name on Card (print) _____