



October 4-6, 2018

Hyatt Regency Hotel

Wichita, KS

Exhibitor and Sponsorship Information

AN INVITATION

You are invited to exhibit your products and services at the KSHA Annual Conference of the Kansas Speech-Language-Hearing Association. Anticipated attendance is 700 (100 audiologists and 600 speech-language pathologists).

LOCATION AND HOTEL INFORMATION

Hyatt Regency Hotel
400 W. Waterman St.
Wichita, KS 67202

For shipping, mail your materials to the above address, referencing your contact pick-up name, plus the KSHA Annual Conference.

EXHIBIT HALL SCHEDULE

Friday, October 5

6:00 am—8:00 am	Exhibitor Set-Up
8:00 am—6:00 pm	Exhibits Open

Saturday, October 6

8:00 am—12:30 pm	Exhibits Open
12:30 pm—2:00 pm	Exhibitor Tear Down

Deadline for inclusion in the program is June 15, 2018. Exhibit hall assignments will be made on a first come, first served basis.

Questions? Call (316) 202-2288 or email ksha@ksha.org

SPONSORSHIPS

<input type="checkbox"/>	Platinum Level	\$2,000
<input type="checkbox"/>	Gold Level	\$1,500
<input type="checkbox"/>	Learning Lab	\$2,000
<input type="checkbox"/>	Praxis Bowl	\$1,000
<input type="checkbox"/>	Breakfast Sponsor	\$1,000
<input type="checkbox"/>	Morning/Afternoon Break	\$1,000
<input type="checkbox"/>	Session	\$500

EXHIBIT TABLES

<input type="checkbox"/>	One Table/One Representative	\$350
<input type="checkbox"/>	Second Table	\$350
<input type="checkbox"/>	Additional Tables	\$100
<input type="checkbox"/>	Non-Profit Display	\$225
<input type="checkbox"/>	Our company will provide a door prize	

*Pricing includes access to one electrical outlet. If more than one outlet is needed, additional charges may apply.

PRINTED PROGRAM

Our company will purchase advertising space in the program. Mailed to over 1,000 and available online. Copy due by June 15, 2018 to ksha@ksha.org

<input type="checkbox"/>	Full Page (7.5" x 10")	\$300
<input type="checkbox"/>	Half Page (7.5" x 5")	\$200
<input type="checkbox"/>	Quarter Page (3.5" x 5")	\$75

THREE EASY WAYS TO REGISTER AS AN EXHIBITOR:

1. Register to exhibit online at www.ksha.org
2. Email this form to ksha@ksha.org
3. Mail form and payment to:
KSHA
148 S. Bay Country Ct.

EXHIBITOR REGISTRATION

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Contact Information

Company _____

Contact _____

Name of on-site representative at conference

Address _____

Phone _____

Email _____

Website _____

The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of the exhibitor's activities on the hotel premises and will indemnify, defend and hold harmless KSHA and the Hyatt Regency Wichita, its agendas, servants, and employees from any and all such losses, damages, and claims.

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KSHA
148 S. Bay Country Ct.
Wichita, KS 67235

Payment

Check enclosed

Visa MasterCard AMEX Discover

Card Number _____

Card Holder _____

Exp Date _____ Sec Code _____

Billing Address _____

