



September 26–27, 2019

Capitol Plaza Hotel
Topeka, KS

Exhibits & Sponsors

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 500 (100 audiologists and 400 speech-language pathologists).

LOCATION AND HOTEL INFORMATION

Capitol Plaza Hotel
1717 SW Topeka Blvd
Topeka, KS 66612

SHIPPING

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

LODGING

Exhibitors may use our discounted group rate of \$96. Mention KSHA when booking your room.

EXHIBIT HALL SCHEDULE

Wednesday, September 25

5:30 pm–9:00 pm Exhibitor Set-Up

Thursday, September 26

7:30 am – 6:00 pm Exhibits Open

6:00 pm Exhibitor Tear Down

REGISTRATION

1. Register to exhibit online at www.ksha.org
2. Email registration form to ksha@ksha.org
3. Mail form and payment to:
KSHA
148 S. Bay Country Ct.
Wichita, KS 67235

Deadline for inclusion in the program is **June 15, 2019**.

Exhibit hall assignments will be made on a first come, first served basis.

CANCELLATIONS

Cancellations received in writing, by mail or email, and no later than September 6, 2019, will receive a 75% refund. After this date, your entire fee will be forfeited.

Questions? Email ksha@ksha.org



EXHIBITOR REGISTRATION

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.

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.
Wichita, KS 67235

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/Home-Based Booth | \$225 |
| <input type="checkbox"/> | Our company will provide a door prize | |

ELECTRICAL

- | | | |
|--------------------------|-----------------------------|------|
| <input type="checkbox"/> | Electrical outlet for booth | \$50 |
|--------------------------|-----------------------------|------|

PRINTED PROGRAM

Our company will purchase advertising space in the program. Mailed to over 1,000 and available online. Copy due by June 15, 2019 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 |

TOTAL AMOUNT DUE _____

PAYMENT

___ Check enclosed
___ Visa ___ MasterCard ___ AMEX ___ Discover

Card Number _____

Card Holder _____

Exp Date _____ Sec Code _____

Billing Address _____
