



**International
Association of
Laryngectomees**

925B Peachtree Street, N.E., Suite 316
Atlanta, GA 30309
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Website: www.theial.com

**Exhibitor Registration Form – IAL Annual Meeting 2012
June 7-9, 2012
Durham, North Carolina**

Setup: Late Wednesday after 2:00 or Thursday morning

Exhibit Times:

Thursday: 10:00 AM – 5:00 PM

Friday: 9:00 AM – 12:00 PM

Saturday: 8:00 AM – 3:00 PM

Exhibits will close for 1 hour each day following the Annual Meeting lunch break. In the event that the exhibit area will not accommodate all exhibitors, those that register early will be given priority. All others will be assigned space as available.

If your organization is a qualified 501 © 3 non-profit entity there will not be an exhibitor fee. You must register for the Annual Meeting and the table will be in the foyer.

Registration Deadline is: **May 1, 2012**

Mail, Fax or E-mail to:

IAL
925B Peachtree Street, Suite 316
Atlanta, GA 30309

FAX: 704.474.7626 (please call prior to faxing)

E-Mail: wIhampton@windstream.net



International Association of Laryngectomees

Company:

Phone:

Contact Name:

Fax:

E-mail:

Table Requirements:

1 Table 2 Chairs @ \$350 _____

The exhibit fee includes a paid registration for one company representative

Additional Representatives @ \$75 _____

Additional Table @ \$75 _____

Additional Chair/each @ \$10 _____

PROGRAM ADVERTISING:

Full Page 7 ½ " x 10"

Full page color inside front cover @ \$400 _____

Full page color inside back cover @ \$400 _____

Other full size page – B/W only @ \$200 _____

Half Page 7 ½" x 5"

Half page - B/W only @ \$125 _____

Business Card Size

Business Card Size – B/W only @ \$50 _____

(Available only as a second ad when the usual size ad for that vendor is purchased)

Names of Company
Representatives:

TOTAL: \$