Register online at www.sswr.org. Please add an additional $15.00 processing fee if mailed or faxed.

**Photo Release Statement & Agreement:** From time to time, SSWR will take photos of conference events and reserves the right to use these photographs in its promotional materials. Unless this permission is revoked in writing to SSWR, by virtue of their attendance all conference participants agree to the use of their likeness in such materials.

Registering as:  
- Exhibitor  
- Advertiser  
- Exhibitor/Advertiser

**NAME OF EXHIBITING ORGANIZATION** - Exact content of 7" x 44" identification sign for EXHIBIT BOOTH:

<table>
<thead>
<tr>
<th>PLEASE CIRCLE THE PRICE YOU ARE PAYING:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qty</td>
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<td>1</td>
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<tr>
<td>1 Booth + Full-Page Color Inside Front Cover (4.625&quot; x 7.375&quot;)*</td>
</tr>
<tr>
<td>1 Booth + Full-Page Color Inside Back Cover (4.625&quot; x 7.375&quot;)*</td>
</tr>
<tr>
<td>1 Booth + Full-Page Color Inside Book (4.625&quot; x 7.375&quot;)*</td>
</tr>
<tr>
<td>1 Booth + Full-Page Black &amp; White (4.625&quot; x 7.375&quot;)*</td>
</tr>
</tbody>
</table>

Names of person(s) staffing booth. Each person staffing the booth must register for the conference.

Staff #1: __________________________________________ Fee: Complimentary
Staff #2: __________________________________________ Fee: Per Registration Form
Staff #3: __________________________________________ Fee: Per Registration Form

**ADVERTISERS** - Copy must be received by November 6, 2015.
- Print ready copy sent electronically (in PDF "press" format with all fonts converted to outlines) - submit online at www.sswr.org

*Copy MUST be exactly to the dimensions specified above. In the event an ad is not appropriately sized, Travelink/SSWR is not responsible for the reformating. Travelink/SSWR does not proof advertising copy.

**METHOD OF PAYMENT** (Pre-Payment Required) Please print legibly: $_________ Total amount + $15 processing fee paid

Payment by:  
- Credit Card  
- Check (made payable to TRAVELINK, INC)  
- Purchase Order (#_________)

Credit Card Type:  
- Master Card  
- Visa  
- American Express  
- Discover

Card #: ___________ - ___________ - ___________ - ___________ Expires ___________ / ___________ CVV: ___________

Name on Card: __________________________________________

Billing Address:  
- Same as above

Your Credit Card Statement will show a charge from Society for Social Work and Resea, Nashville, TN (615) 367-4900.

By your signature below, if requesting an exhibit booth, acknowledges your agreement with the Exhibit and Advertiser Information located at www.sswr.org, including the liability clause.

**Signature and Title of Person Completing Form:**