

SSWR EXHIBITOR / ADVERTISER REGISTRATION FORM

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

organization name		primary contact person name	
mailing address			
city	state/province	zip/postal code	country
email address		telephone	fax

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:

PLEASE CIRCLE THE PRICE YOU ARE PAYING:

	Qty	Registered by Nov. 6, 2015	Registration after Nov. 6, 2015
Exhibitor Only			
Advertiser Only (Copy must be received by Nov. 6, 2015)			
Full-Page 4-Color Inside Front Cover (4.625"x 7.375")*	1	\$2200	Not Available
Full-Page 4-Color Inside Back Cover (4.625"x 7.375")*	1	\$2200	
Full-Page 4-Color Inside Book (4.625"x 7.375")*		\$1500	
Full-Page Black & White (4.625"x 7.375")*		\$925	
Exhibitor & Advertiser (Copy must be received by Nov. 6, 2015)			
1 Booth + Full-Page Color Inside Front Cover (4.625"x 7.375")*		\$3100	\$3300
1 Booth + Full-Page Color Inside Back Cover (4.625"x 7.375")*		\$3100	\$3300
1 Booth + Full-Page Color Inside Book (4.625"x 7.375")*		\$2400	\$2600
1 Booth + Full-Page Black & White (4.625"x 7.375")*		\$1875	\$2075



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 reformatting. 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 _____ / _____ CW: _____

Name on Card _____ Signature _____

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: _____

Travelink / SSWR
 404 BNA Drive, Suite 650
 Nashville, TN 37217

TRAVELINK
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 Tel: 615-367-4900, Ext. 5163 • Fax: 615-367-0012
 Email: sswr@travelink.com

Booth Preference (subject to availability):	
1 st Choice	Booth # _____
2 nd Choice	Booth # _____
3 rd Choice	Booth # _____