



EXHIBITOR/SPONSOR REGISTRATION: 2014 CMV - CYTOMEGALOVIRUS PUBLIC HEALTH & POLICY CONFERENCE

September 26-27, 2014
Salt Lake City, Utah

EXHIBITOR/SPONSOR REGISTRATION

Name: _____
 Credentials: _____
 Organization: _____
 Address: _____
 City, ST, Zip: _____
 Day Phone: _____
 Fax: _____
 Email: _____
 Website: _____

- Exhibitor Registration - \$500
- Non-Profit Exhibitor Registration - \$125
- Exhibit Booth included with Sponsorship****

Exhibit registration includes only one exhibit representative.

Register additional exhibitor representatives separately:

- Additional Exhibitor at booth - \$50
- Additional Exhibitor attending conference - \$75

Sponsorship: ** Amount: \$ _____

- Platinum: \$10,000 or more** **Silver: \$3,000-\$5,999**
- Gold \$6,000-\$9,999** **Bronze: \$1,000-\$2,999**

Select from the following sponsorship options at the levels indicated, or create your own sponsorship below:

- Breakfast - \$5000 Refreshment Break \$3000
- Poster Hall \$3000 Reception \$3000
- Speaker Ready Room \$5000
- Parent Scholarships \$500 each (quantity: _____)
- Student Scholarships \$500 each (quantity: _____)
- CMV Conference Bags \$2000
- Water Bottles \$2000 Pens \$1000
- Networking Areas \$2000
- Other sponsorship – Description: _____

Please check all of the following entities that you represent:

- Audiologist
- Advocacy Group
- Medical Provider
- Student
- University
- Federal Agency
- Early Intervention Provider
- Family of a child affected by CMV
- Other, Please Specify: _____
- Non-Profit Agency
- Hospital/Birthing Center
- State Health Department
- Local Health Department
- State Education Agency
- Part C Agency/Program

Booth space includes:

- One 8' x 10' pipe and drape booth, 1 six ft draped table with 2 chairs.
- One exhibitor representative allowed to attend the meeting sessions.
- Company listing on the meeting website and printed in the meeting handouts (if registered by August 29, 2014).

METHOD OF PAYMENT

Full Payment is required with Registration (*check one*)

- Check payable to: **Utah State University Conference Services**
- Purchase order # _____ (please attach copy)
- Credit card transactions, call 800-538-2663 or 435-797-0423

CANCELLATION & REFUND POLICY:

Refunds will be made to those registrants who must cancel, less a \$50 processing fee. Written cancellation requests must be post-marked on or before September 1, 2014. No refunds will be made after that date. Substitutions are welcome at no processing fee if the same payment method is used. Utah State University reserves the right to cancel this event or portions thereof due to insufficient enrollment and limits liability to registration refunds only.

I have read and agree to the CMV Conference Cancellation & Refund Policy: (required)

TO REGISTER: Must be submitted by Aug. 15, 2014 (or by July 1 to be included in printed material).

1. Register online at: **WWW.CMV.USU.EDU**...or:

2. Send in this completed form with payment:

MAIL: Conference Registration Services
 Utah State University
 5005 Old Main Hill - Logan UT 84322-5005

FAX: 435-797-0636 (24 Hours)

PHONE: toll free 800-538-2663 or 435-797-0423

E-MAIL: **register.online@usu.edu**

SPECIAL NEEDS

Notice of any special needs must be provided by **September 1, 2014** in order to be accommodated. Note: ASL Interpreter and CART services ARE NOT provided at exhibit booths. Please make your own arrangements if you will need these services at your booth. Service provider referrals are available by request.

Please specify any reasonable accommodations for persons with disabilities: _____

Please specify any required special dietary needs:

Vegetarian Vegan Gluten-Free Allergy/Other: _____