



Education, Advocacy and Support

May 9, 2009

Dear Colleagues:

The Autism Society of Wisconsin (ASW) is very excited about our 2009 Fall Conference, “*The Ziggurat Model and the Comprehensive Autism Planning System (CAPS)*”. The conference will be held at the Sierra Hotel/KI Convention Center in Green Bay, Wednesday, November 4th-5th. We are very fortunate to be having three dynamic presenters: Brenda Smith Myles, Barry Grossman, and Ruth Aspy, and we are expecting to attract anywhere from 250 to 500 people.

We would like to invite your organization to join our list of Exhibitors that will take part in our Fall Conference. This would be a wonderful opportunity for you to promote your agency and allow our attendees to learn about the services you provide.

Also included are our conference sponsorship application and our advertising application, which will give you the opportunity to share your company’s information with everyone in attendance at the conference, and possibly, through our website and quarterly newsletter.

Enclosed please find an application for exhibit space, an application for conference sponsorship, and an application for advertising in our 2009 fall conference materials. Space will be limited, so we encourage you to send in your application early.

We look forward to seeing you at our 2009 Fall Conference.

Sincerely,

Jane Pribek

Jane Pribek
Events Coordinator
Autism Society of Wisconsin

Events Coordinator
Jane Pribek

Administrative Coordinator
Kelly Brodhagen

Executive Board

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P.O. Box 165, Two Rivers, WI 54241
(920) 973-4080 • fax: (888) 836-4082

www.asw4autism.org • Email: jpribek@asw4autism.org

2009 ASW Fall Conference Exhibit Information

Exhibition Costs

<i>Non-profit Exhibitors:</i>	1 Table	\$150.00	Additional Tables:	\$50 each
	2 Tables	\$250.00		
<i>For-profit Exhibitors:</i>	1 Table	\$250.00	Additional Tables:	\$75 each
	2 Tables	\$400.00		

Contact Green Bay Exposition Services direct for electricity and phone line hook-ups.
920-676-1915.

What is provided for Exhibitors?

The following items are included in the fee:

- **Draped 8' skirted table and one chair**
- **Listing of name in conference program**
- **One-line I.D. sign for table**

Questions?

Please email the Autism Society of Wisconsin at jpribek@asw4autism.org or call 920-973-4080.

2009 ASW Exhibit Contract Guidelines

General Information:

The Autism Society of Wisconsin provides access to space, at a cost, to approved exhibitors. Acceptance of an exhibit is not to be construed or promoted as an endorsement by ASW.

Acceptance of Exhibitors:

Acceptance of exhibitors is in discretion of the Autism Society of Wisconsin. An application to exhibit is not accepted until the exhibitor is notified of the acceptance.

Exhibit Reservation, Payment & Cancellation:

Please see Application.

Product Sales:

The Exhibitor assumes responsibility for securing all appropriate licenses for the sale of merchandise and is solely responsible for the collection of all applicable state and local taxes.

Liability:

All Exhibition merchandise and property is the responsibility of the Exhibitor. ASW will not be held responsible for any loss of such belongings.

Application and Contract for Exhibit Space
2009 ASW Fall Conference
Hotel Sierra/KI Convention Center, Green Bay, WI
Exhibitor Dates: November 4 – 5, 2009

Exhibit Booth Rates: Commercial Exhibitors: \$ 250 – 1 Table, \$ 400 – 2 Tables
Non-profit Service Providers: \$ 150 – 1 Table, \$ 250 – 2 Tables
Individual on the Spectrum: \$ 30 – 1 Table, \$ 60 – 2 Tables
Booth Space Requested: Total Tables: _____

Sorry, I am unable to attend this year, but I would like to send some materials (brochures/flyers/promotional giveaways) for the Resource Information table.
Fee - \$50.00

Names of individuals working your exhibit:

1. _____

I would like to purchase lunch: ___ Wed. (\$15); ___ Thurs. (\$15)
(please check the days you would like to purchase lunch for)

2. _____

I would like to purchase lunch: ___ Wed. (\$15); ___ Thurs. (\$15)

3. _____

I would like to purchase lunch: ___ Wed. (\$15); ___ Thurs. (\$15)

Our Organization would like to be a sponsor of the conference. (Recognition will be given in conference materials.) ___ \$ under \$99 ___ \$100-\$249 ___ \$250-\$499
___ \$500-\$999 ___ \$1,000 and above ___ \$5,000-\$10,000 Major Sponsor (see attached)

Our Organization would like to purchase advertising to be included in the conference materials. (Advertisement form must be included.) \$ Amount purchased \$ _____

Total Amount Enclosed: \$ _____

Please type or print:

Exhibiting Organization: _____

(As you would like to appear on your free one-line identification sign)

Contact Person: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Brief Description of Product / Service to be displayed:

Do you plan to sell products in the exhibit area? Yes No

If yes, exhibitor takes responsibility for securing vendor license, and collecting all applicable local/state taxes.

Deposit, Payment & Cancellation:

A 50% deposit must accompany Exhibit Contract to secure space. Full payment is required by October 16, 2009 or the ASW may resell, reassign or reuse the space. **Checks should be made payable to: Autism Society of Wisconsin (U.S. funds drawn on a U.S. bank) and sent to:**

Autism Society of Wisconsin, Attn: Exhibit Space, P.O. Box 165, Two Rivers, WI 54241. If notification of cancellation is made before October 16, 2009, ASW will refund amount paid. If notification is after October 16, 2009, only 50% of total paid will be refunded.

You may also pay by Visa, Discover or MasterCard below:

Card Number

Exp. Date

Cardholder Signature

Agreement – Deadline: October 16, 2009

Therefore, the undersigned agrees to all terms, regulations, and conditions set forth in the Exhibitor Guidelines and application is hereby made for exhibit space at the Sierra Hotel/KI Convention Center, Green Bay, for November 4 – 5, 2009 at the Autism Society of Wisconsin 2009 Fall Conference. The undersigned agrees to pay the balance of the space rental by October 16, 2009.

Authorized Signature: _____

Title: _____ Date: _____

Autism Society of Wisconsin

P.O. Box 165

Two Rivers, WI 54241

(920) 973-4080; Fax (888) 836-4082

E-mail: jpribek@asw4autism.org; website: www.asw4autism.org

Autism Society of Wisconsin
P.O. Box 165, Two Rivers, WI 54241
2009 Fall Conference
November 4-5, 2009

ASW 2009 FALL CONFERENCE SPONSORSHIP

- \$ 5,000 (Diamond Sponsor)
- \$ 2,500 (Gold Sponsor)
- \$ 1,001 and above (Level V)
- \$ 501 - \$1000 (Level IV)
- \$ 251 - \$500 (Level III)
- \$ 101 - \$250 (Level II)
- \$ 100 (Level I)

Method of Payment	
<input type="checkbox"/> Check	_____ Check Number
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
Card No. _____	Exp. Date _____
Name on Card _____	
Signature of Card Holder _____	

Level I – III: Name in conference folder.

Level IV – V: Name in conference folder and ASW newsletter, which reaches over 5,000 households and businesses.

Gold Sponsor: Full page advertisement in conference folder, name & logo in ASW newsletter, and exhibit space for agency.

Diamond Sponsor: Same as Gold, plus link on website with ASW conference promotion, and two (2) full conference registrations.

- Please check this box if you would like your sponsorship to remain anonymous.

If you would like to donate any item/items towards our conference raffle, please fill out the appropriate line below.

Contact Name	Company Name
Address	City/State/Zip
E-mail (provide for confirmation)	Telephone/Fax

Please send form with payment to:
ASW, P.O. Box 165
Two Rivers, WI 54241
Fax: (888) 836-4082

Autism Society of Wisconsin
P.O. Box 165, Two Rivers, WI 54241
2009 Fall Conference
November 4-5, 2009

ADVERTISEMENTS

Place an advertisement about your company's products and/or services in our 2009 Fall Conference Materials. This is an opportunity for you to reach individuals with ASD, parents, educators, therapists, agencies, school districts and others, making them aware of the services you provide. Advertisements are printed in black and white.

Please check the size you wish to purchase:

	1 Page	\$ 300.00	8"w x 10.5"h
	1/2 Page	\$ 150.00	8"w x 5"h
	1/4 Page	\$ 100.00	4"w x 5.25"h

Complete the following:

Name of Company/Agency/Business

Name of Contact Person

Address

City

State

Zip Code

Phone

E-mail Address

E-mail a copy of your camera-ready advertisement, formatted to the size you selected, to jpribek@asw4autism.org. The completed form, e-mailed camera-ready advertisement, and payment are due no later than **Friday, October 2, 2009**.

The completed form, along with payment can be faxed to **888-836-4082**, or mailed to **ASW, P.O. Box 165, Two Rivers, WI 54241**.