

Advertiser/Exhibitor Agreement 2010

Florida Association For Behavior Analysis

ORGANIZATION/COMPANY NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

List the product(s) or service(s) that you will be advertising and describe how it is relevant to the practice of behavior analysis: _____

ADVERTISEMENT TYPE *(Check One)*

- | | |
|---|---|
| <input type="checkbox"/> Business Card Ad in <i>Program & Proceedings</i> \$25 | <input type="checkbox"/> Exhibit Only \$125 |
| <input type="checkbox"/> 1/2 Page Ad in <i>Program & Proceedings</i> (5" wide x 4" tall) \$50 | <input type="checkbox"/> Exhibit+Half Page Ad (5" wide x 4" tall) in <i>Program & Proceedings</i> . . . \$150 |
| <input type="checkbox"/> Full Page Ad in <i>Program & Proceedings</i> (5" wide x 8" tall) \$110 | <input type="checkbox"/> Exhibit+Full Page Ad (5" wide x 8" tall) in <i>Program & Proceedings</i> . . . \$175 |
| <input type="checkbox"/> Inside Cover of <i>Program & Proceedings</i> \$225 | <input type="checkbox"/> Exhibit+ Inside Cover Page Ad in <i>Program & Proceedings</i> \$275 |

Only two available, reserved with payment only.

Advertisements and exhibits must be approved by the FABA Advertising Committee. FABA reserves the right to reject any advertisement or exhibit deemed unsuitable. Advertisements and exhibits will reflect ethical and effective practice standards. If advertisement or exhibit is not approved, check will be returned by mail to origination source. We recommend ads have the dimensions listed above and be presented vertically for greatest impact; see previous year's program for samples. Exhibit payments do not include conference registration. Exhibit locations are selected by exhibitors on a first-come, first served basis onsite at the conference. Check-in will begin when registration opens for the convention.

EXHIBITORS ONLY: I understand that neither the **Hilton in the Walt Disney Resort** nor FABA and its co-sponsors will be liable for any loss, personal injury or property damage.

Signature: _____ Date: _____

CREDIT CARD PAYMENT AUTHORIZATION

I authorize payment in the amount of \$ _____ to FABA.

Credit Card Type: Visa Master Card American Express Discover

Credit Card #: _____ Expiration Date: _____

Card verification code (*from back of card*): _____

Authorizing Signature: _____ Date: _____

Billing Address (*if different from address listed above*): _____

Please submit the following

NO LATER THAN JUNE 30, 2010:

1. Your completed Advertiser/Exhibitor Agreement;
2. A check for the indicated amount PAYABLE TO FABA or Credit Card Authorization (see below)
3. A camera-ready advertisement or business card if submitting a printed advertisement (ad will appear in black & white only) sized according to the specifications described above.



Contact: **Leigh Stehlik**
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