

OADE's 2008 Fall Conference
Shawnee State Park Lodge
 4404 State Route 125
 Portsmouth, OH
Exhibitor's Day: Thursday, October 16, 2008

Exhibitor's Registration Form

Please type or print

Company Name

Contact Person

Address

City / State / Zip

Phone

Fax

Representative(s) Attending

Email(s) for attendee(s)

Please check the option(s) your company has chosen
I do not want to sponsor any event.

- ____ **Option 1** (\$500) Sponsor a luncheon
(circle: Thursday or Friday)
- ____ **Option 2** (\$300) Sponsor Thursday evening
square dance
- ____ **Option 3** (\$500) Sponsor Thursday's or Friday's
continental breakfast
- ____ **Option 4** (\$200) Sponsor OADE members' trip to the
Planetarium
- ____ **Option 5** (\$200) Sponsor Thursday afternoon's
Chocolate Break
- ____ **Option 6** (\$500) Sponsor OADE's Conference
Program, with full page ad for
Sponsor
- ____ **Option 7** (\$250) Sponsor a full technology set up
Conference Presentation Room
- ____ **Option 8** (\$100 up to \$2000) Sponsor Adjunct/Part-time
Faculty for Conference Attendance;
\$100 per person up to 20 people
- ____ **Option 9** (\$80) Sponsor 10 OADE t-shirts for OADE
For OADE fundraiser

You may change the amount if you want to sponsor something
but are able to donate either more or less to the event or item.

Company / Product Description

Please provide below a brief (2-3 sentence) description of
company and product for the OADE program book.

Exhibit needs

(Please check all that apply.)

- ____ Electricity
- ____ More than one outlet (how many _____)
- ____ More than two chairs (how many _____)
- ____ Extension cord
- ____ **Table Rental \$15 per table**
(indicate number of tables) _____

____ **\$50.00 Registration Fee**

Deadline for Registration is Friday, October 3, 2008.

____ **TOTAL enclosed – Check #** _____

Make check payable to OADE

Mail check and completed form to:

Kathleen Buttermore
 2020 East Maple Street
 Walsh University
 N. Canton, OH 44720

**You must contact the hotel for overnight accommodations
and/or shipping of display materials.**

Hotel Information:

Room Rate: **\$119 double** or **single** (first come-first served); ask
for OADE rate. Cabin rate: **\$145.00**

Donations for raffle

OADE provides a raffle at the Thursday lunch. You may send your donation to Kathleen Buttermore or bring it to the conference.

_____ I would prefer not to make a donation for the raffle.

_____ Yes, I would like to make a donation for the raffle.

_____ I will mail my donation to Kathleen by
October 5, 2007

_____ I will bring my donation to the conference.

Item(s) _____

Shawnee State Park Lodge
4404 State Route 125
Portsmouth, OH

Contact at Shawnee: Lisa Morgan
740-858-6621

OADE's web site: <http://www.oade.org>
Click on Conference Button to access all conference information

