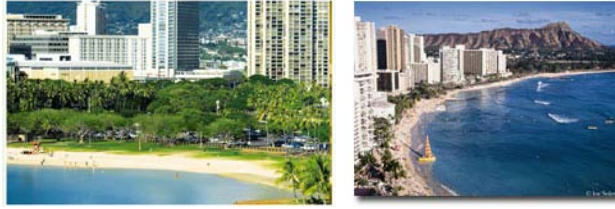


Exhibitors Application

2009 Asia Pacific Society Speech, Language, and Hearing Conference
July 13-18, 2009
Ala Moana Hotel, Honolulu, Hawaii



EXHIBITOR/Company Name (booth signage): _____

Contact Person: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone:() _____ Fax:() _____

Email: _____

Authorized Attendees:

(1) _____ (3) _____

(2) _____ (4) _____

Commercial Exhibitor: Number of Booths (8'x10'each): # _____ X \$700 each = \$ _____

Type of Exhibit - Please check one of the following:

Speech/Language Product Book Publisher/Curriculum Materials Hearing Product

Other (Specify): _____

BRIEF DESCRIPTION OF SERVICES/PRODUCTS (25 WORDS OR LESS) :

Exhibit Hours

Tuesday, July 14 9:00 a.m.–5:00 p.m.

Wednesday, July 15 9:00 a.m.–5:00 p.m.

Friday, July 17 9:00 a.m.–3:00 p.m.