



# 39<sup>th</sup> Annual New England Adoption Conference

Presented by the Adoption Community of New England, Inc.

Saturday, April 24th, 2012

Best Western Royal Plaza Hotel and Trade Center, Marlborough, MA

Please provide all information as you want it to appear in the Exhibitor listing.

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Do you require access to electricity? YES NO  
Exhibitors must provide their own extension cord/power strips

Do you have a free-standing/table top display which you cannot stand behind? YES NO

	Quantity	Price Per	Subtotal
<input type="checkbox"/> ACONE Member Exhibitor Table (30"x72") (Budgets under \$100,000) (Membership will be recognized on your sign)	_____	\$ 75.00	\$ _____
<input type="checkbox"/> ACONE Member Exhibitor Table (30"x72") (Budgets over \$100,000) (Membership will be recognized on your sign)	_____	\$125.00	\$ _____
<input type="checkbox"/> ACONE Non-Member Exhibitor Table (30"x72")	_____	\$325.00	\$ _____
<input type="checkbox"/> Additional Exhibitor Table(s) (30"x72")	_____	\$ 40.00	\$ _____
<input type="checkbox"/> Lunch-1 provided. *Additional lunches may be purchased at a rate of \$25 each	_____	\$ 25.00*	\$ _____
<input type="checkbox"/> ACONE Membership or Renewal	_____	\$100.00	\$ _____
<input type="checkbox"/> Literature Display I/We cannot attend but would like our material to be available for conference attendees. I/We will send printed materials so that it arrives at the ACONE office by March 30, 2012.	_____	\$ 30.00	\$ _____
		Total	\$ _____
		<b>EARLY REGISTRATION DISCOUNT</b> <b>(if payment and form rec'd by 2/10/12)</b>	<b>\$ - 10.00</b>
		Final Total	\$ _____

Will you pay by CHECK or CREDIT CARD? Please circle one

VISA                      MASTERCARD

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_

Name on Card (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Payment and completed registration form must be received by March 30, 2012.**

Make check payable to ACONE and mail to:

34 Deloss Street, Framingham, MA 01702 For questions, please contact the ACONE office at: (508) 366-6812 or email info@AdoptionCommunityofNE.org