

**CALL FOR CONFERENCE EXHIBITORS**

**A Map through the Maze: Annual Conference for Dementia Care Professionals**

Wednesday, May 13, 2009 at the Royal Plaza Hotel, Marlborough, MA

In these challenging economic times, consider the benefit and ease of connecting with over 700 professionals in one place at our 2009 "A Map Through the Maze" Exhibitor Fair! The conference attendees include Alzheimer's program directors, nursing home and assisted living administrators, social workers, nurses, activity professionals, and other service providers in the community. Though not an opportunity to directly sell products or services, the Fair is a great place to promote your unique product, program or facility. **The Exhibitor Fair has sold out in the past. You may want to confirm early.**

**EXHIBITOR INFO:**

The exhibit area is open to conference attendees from 12:45 to 2:00 pm. Tables are 6' long and simply draped. The exhibitor's fee is **\$375 per table**. An additional fee of **\$25** is required for use of an electrical outlet.

- ▶ A list of exhibitors will be included in each conference packet. To be included on the Exhibitors List, the form **and** payment must be received no later than **April 15**.
- ▶ We will provide up to three box lunches per table.
- ▶ Space will be assigned on a first come, first paid basis and may be limited.
- ▶ A confirmation letter with directions will be mailed to the contact person listed on the Exhibitor Form.
- ▶ **Only fully completed forms with full payment can be assigned space.**
- ▶ The Exhibitor fee *does not* include conference registration, nor is there a discount.

To avoid disappointment, please call if you do not receive confirmation within two weeks of submission. **If you have questions, call Lee Thurston at 617.868.6718 or [lee.thurston@alz.org](mailto:lee.thurston@alz.org).**

**EXHIBITOR REGISTRATION FORM:**

Deadline to be included on Exhibitor List: **Wednesday, April 15.**

Exhibitor Fee: \$375 plus \$25 electrical outlet, if applicable

Date & payment received: _____
assigned table #: _____
Date confirmation sent: _____
--for office use only--

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_ Electrical outlet(s) needed? (additional \$25 each) \_\_\_\_\_

Amount enclosed \$ \_\_\_\_\_ Box lunch?  no  yes, number of lunches \_\_\_\_\_ (maximum 3)

Name of company issuing check \_\_\_\_\_

Credit card payment: Visa or MasterCard only (circle which)

Card number \_\_\_\_\_ Exp date \_\_\_\_\_

Print name exactly as on card \_\_\_\_\_ Signature \_\_\_\_\_

Fee: \$375 + \$25/electrical outlet, if applicable

Payment to: Alzheimer's Association, MTTM Exhibitor, 311 Arsenal Street, Watertown, MA 02472