



24th Annual San Diego International Conference on Child and Family Maltreatment

January 25-29, 2010

Town and Country Resort & Convention Center

APPLICATION FOR EXHIBIT SPACE

Contact Person _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____

Authorized by _____

Title _____

Fees:

- Fees list including \$600.00 for-profit, \$900.00 for-profit with one registration, \$300.00 non-profit, \$650.00 non-profit with one registration, \$50.00 early bird discount, and returning exhibitors discount.

Total Amount Enclosed: _____ (U.S. Dollars)

Make checks payable to Chadwick Center - Federal ID# 95-1691313

Payment by Credit Card: VISA OR MASTERCARD (Please Circle One) _____ 3 Digit Security Code

Credit Card Number _____ Expiration Date: _____

Name of Cardholder: _____ Signature: _____

We hereby apply, subject to the terms listed on the attached page, for _____ exhibit space(s) at the San Diego Conference on Child and Family Maltreatment for display of merchandise and/or services.

Booth Preference #1 _____ Preference #2 _____ Preference #3 _____

Signature: _____ Date: _____ Title: _____

Name(s) for Exhibitor Badges: _____

- Please return completed application form with payment to:

Linda Wilson, Registration-Exhibit Coordinator
Chadwick Center for Children & Families
3020 Children's Way, MC 5017
San Diego, CA 92123

Phone: 858-966-4972
Fax: 858-966-7434
Email: lkwilson@rchsd.org