



24th Annual

San Diego International Conference on Child and Family Maltreatment

January 25-29, 2010

Town and Country Resort & Convention Center

REQUEST FOR DISPLAY OF LITERATURE OF FLYERS

Brochures, literature, research papers and sales flyers may be displayed at the conference for the nominal cost of \$65 for each type of brochure/flyer **up to 300 copies**. Over 1,600 registrants are expected. This past January, we reached close to 1,800 attendees, even with the economical situation! Any leftover literature will be recycled at the end of the conference.

Flyers may be sent to the Chadwick Center for Children & Families addressed as indicated below. **If your mailing is large or bulky, we would prefer that it be sent directly to the hotel. The address for the hotel is: Town & Country Resort and Convention Center, 500 Hotel Circle N., San Diego, CA 92108. Please note that if when shipping to the hotel, your packages will go to the shipping and handling area and you will be responsible for those additional shipping/handling fees from the Town & Country Hotel. If you have any questions regarding these additional fees, you can contact the hotel shipping/handling department directly at (619) 291-7131, extension 3956. They will be able to provide you with information regarding the fees.** I've also included a breakdown of the additional charges, however, with today's economy, the prices are subject to change. **Please be sure to boldly mark to attention of Children's Hospital Conference. Material should be timed to arrive at the hotel between January 20-22, 2010, or to the Chadwick Center for Children & Families no later than January 18, 2010**

We reserve the right to refuse any material that is deemed inappropriate for this conference. If you wish to be sure that your material is acceptable, **please mail us a sample for review by January 2, 2010.**

COMPLETE AND RETURN WITH PAYMENT (IF PAYING BY CHECK) TO:

**CHADWICK CENTER FOR CHILDREN & FAMILIES
3020 CHILDREN'S WAY, MC 5017
SAN DIEGO, CA 92123
ATTN: Linda Wilson, Project Coordinator
Registration/Exhibit Hall Coordinator**

FIRM NAME _____

ADDRESS _____

TELEPHONE _____ / _____ FAX _____ / _____

AUTHORIZED BY _____

TITLE _____

We wish to submit _____ types of flyers/literature for display at the cost of \$65 for **each type**.

There will be approximately _____ copies of each type.

Payment by Credit Card:

Type of Card and Expiration Date: _____

3 Digit Security Code: _____

Name of Cardholder: _____ Date _____

Signature: _____

TELEPHONE: (858) 966-4972 FAX: (858) 966-7434
Email: lkwilson@rchsd.org