



New Jersey Association of the Deaf, Inc.
20th Biennial State Conference
Saturday, July 28, 2007

EXHIBIT

Name of business/services/organization/vendor:

Name of vendors/representatives attending your exhibit:

1. _____ 2. _____

Contact Person: _____

Mailing Address: _____

City, State & Zip Code: _____

Phone: Voice: _____ TTY: _____

Fax: _____ Email: _____

VP: _____

BOOTH SELECTION

___ One booth with an access to an electrical outlet.....\$100.00
Note: audio/video equipment and extension cords are not provided.

___ One booth (no access to electrical outlet)..... \$50.00

___ Additional table\$25.00

___ Conference & luncheon registration fee (required)\$20.00 per person

Total Exhibit Registration Cost = \$ _____

METHOD OF PAYMENT

Please make a personal check, business check, certified check or money order payable to: **2007 NJAD Conference** and mail the completed form and payment to: NJAD Conference, Exhibits, PO Box 354 Milltown, NJ 08850

Any information about NJAD and the conference can be found in our website: www.NJADeaf.org. If you have any question, please e-mail at NJADConf2007@njadeaf.org.