



7th Annual Hawai'i Conference
Preventing, Assessing & Treating Childhood, Adolescent & Adult Trauma
March 29 -April 1, 2010
Ala Moana Hotel, Honolulu, Hawai'i

EXHIBIT SPACE AVAILABLE

Dear Potential Exhibitor,

On behalf of the Institute on Violence, Abuse & Trauma (IVAT) at Alliant International University, in conjunction with Kapi'olani Child Protection Center, we would like to invite you to participate as an exhibitor. We are expecting approximately 500 attendees, primarily psychologists, counselors, social workers, attorneys, policy makers, physicians, law enforcement officers, administrators, advocates, survivors and others interested in all aspects of violence, abuse and trauma.

The Conference Exhibits will be at the Hibiscus Foyer of the Ala Moana Hotel. Exhibit space, which is a draped 6-foot table with one chair, is offered on first come, first served basis, so please reserve early because the spaces are limited and will go quickly.

If you are interested in the opportunity to exhibit or display materials, sell merchandise or demonstrate products & services, please complete the Exhibitor Application and return as soon as possible, but no later than February 26, 2010. Paying exhibitors are entitled to one free conference registration.

As an exhibitor, you are very important to the success of the conference, and we are committed to providing a venue for you to present your products & services to all those who will celebrate and attend the 7th Annual Hawai'i Conference.

If you are interested, please complete and send back the application form below.

Attention: Ana Stover

Institute on Violence, Abuse & Trauma
10065 Old Grove Road, San Diego, CA 92131

Ph: +1 (858) 527-1860 x 4140

Fax: +1 (858) 527-1743

Astover2@alliant.edu

www.ivatcenters

We hope to see you in Hawai'i!

To End Abuse



7th Annual Hawai'i Conference
 Preventing, Assessing & Treating Childhood, Adolescent & Adult
 Trauma
 March 29 –April 1, 2010
 Ala Moana Hotel, Honolulu, Hawai'i

EXHIBITOR APPLICATION

Organization:
Contact Name:
Title:
Mailing Address:
Phone:
Fax:
Email:
Website:

- **Exhibit Table Space:** One draped 6-foot table and 1 chair

Booth Size	Regular Rate	Number Requested	Non-Profit Rate	Number Requested
Standard – 1 Table	\$ 450		\$250	

- **Take-One Exhibit:** This type of display allows for an unattended exhibit. Your handouts will be readily available to be picked up by anyone who is interested.

Please reserve ____ space(s) in the Free Take-One Exhibit Table at \$50 per item group displayed

- **Conference Folder Inserts:**

Items	Standard Rate	Non-profit Rate
One-page Flyer (500 pieces)	\$300	\$200
Booklet/ Journals (500 pieces)	\$350	\$250

All items should be mailed directly to Hawaii on or before March 22, 2010 to:

IVAT Trauma Conference/INSERTS

Barbara Kohara
 c/o Dorothy Sakai
 763 22nd Avenue
 Honolulu, HI 96816

Total Payment Due: _____

Please indicate principal products or materials to be displayed or sold. First time exhibitors, please include a sample brochure with your application.

Payment by Purchase: Under government regulations, federal and state agencies may defer payment if a copy of a Purchase Order is submitted with the application

Payment by Check: Our payment of \$ _____ is enclosed.

Mail this application, along with your check made payable to **Alliant International University (IVAT)**
7th Annual Hawai'i Conference – Exhibits
Attention: Ana Stover
10065 Old Grove Road
San Diego, CA 92131

Payment by Credit Card: Visa MasterCard

Account Number: _____ Expires: _____

Authorization Code from back of credit card: _____

Name as it appears on the Card: _____

Credit Card Billing Address: _____

Amount \$ _____ Signature: _____

Agreement and Signature

The Institute on Violence, Abuse & Trauma is hereby authorized to reserve space for my/our exhibit at the 7th Annual Conference on Preventing, Assessing & Treating Childhood, Adolescent and Adult Trauma.

Signature: _____ Date: _____

FOR IVAT USE ONLY		
Space Assignment: _____	Confirmation Mailed _____ by _____	Cost of Space _____
Deposit Received: _____	Date/Check No. _____	Balance Due \$ _____
Balance Received: _____	Date/Check No. _____	Exhibitor Info _____
Product List: _____		