



7<sup>th</sup> 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 7<sup>th</sup> 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](mailto:Astover2@alliant.edu)

[www.ivatcenters](http://www.ivatcenters)

We hope to see you in Hawai'i!

To End Abuse



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 Trauma  
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**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 22<sup>nd</sup> 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.

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**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

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

Mail this application, along with your check made payable to **Alliant International University (IVAT)**  
**7<sup>th</sup> 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: \_\_\_\_\_

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**Agreement and Signature**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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