Contact Name

Company | Institution:  
As it will appear in program

Mailing Address

City | State | Zip

Telephone | E-mail

Representative 1

Representative 2

Please list the names of up to 2 individuals that will represent you. Additional persons must pay the conference registration fee.

### EXHIBITS | MEALS | OPTIONAL MEMBERSHIP

- [ ] Please reserve a **TABLE** for our exhibit at $200.  
  Amount: __________
- [ ] Please reserve ____ **EXTRA TABLE(S)** at $125 each.  
  Amount: __________
- [ ] **SHARED TABLES** for community organizations, artists, or small presses are $100 per exhibit.
- [ ] Please check if you need a **TABLE COVER**. Please list **EXHIBIT REQUIREMENTS** (e.g., electric, location)
  Amount: __________
- [ ] Please reserve ____ **Friday BANQUET TICKET(S)** at $25 each.  
  ____ **Saturday LUNCH TICKET(S)** at $14 each.  
  ____ **Sunday BRUNCH TICKET(S)** at $9 each. 
  Amount: __________
- [ ] Special dietary needs:

### Optional ASA MEMBERSHIP:

- [ ] Library/Institutional $73 print, $89 electronic, $109 print/electronic  
- [ ] Regular $100  
- [ ] Student $80  
  Name: ____________________________  
  Amount: __________

### ADVERTISEMENTS

Ads should be 300 resolution (DPI) and gray scale. Submit as PDF files.  
Ads may not exceed 7 1/2" (w) x 10" (h) for full-page ad; or 7 1/2" (w) x 5" (h) for half-page ad.

- [ ] Please reserve ____ **FULL-PAGE AD(S)** at $250 in Preliminary and Final Programs. Same ad only.  
  Amount: __________
- [ ] Please reserve ____ **FULL-PAGE AD(S)** at $175 in Final Program.
  Amount: __________
- [ ] Please reserve ____ **HALF-PAGE AD(S)** at $150 in Preliminary and Final Programs. Same ad only.  
  Amount: __________
- [ ] Please reserve ____ **HALF-PAGE AD(S)** at $100 in Final Program.  
  Amount: __________

### SPONSORSHIPS

- [ ] I would like to sponsor a:  
  ____ **BREAK** at $500.  
  Amount: __________
  ____ **BOOK SIGNING** at $250 (1-2 authors); $375 (3-4); $500 (5-6).  
  Amount: __________
  ____ **RECEPTION**: Reception costs vary. Please contact the ASA.  
  Amount: __________

### TOTAL AMOUNT

Amount: __________

Fees are payable to the APPALACHIAN STUDIES ASSOCIATION by check, Visa, or Master Card and due by January 16, 2016.

- [ ] EXHIBIT FEE enclosed  
- [ ] AD FEE enclosed  
- [ ] SPONSORSHIP FEE enclosed  
- [ ] BILL ME LATER

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