

REGISTRATION FORM FOR ADVERTISERS, EXHIBITORS, AND SPONSORS

PLEASE RETURN THIS FORM TO THE APPALACHIAN STUDIES ASSOCIATION BY NOVEMBER 15, 2016.
ADVERTISEMENTS MUST BE RECEIVED BY NOVEMBER 15, 2016.

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 who will represent you and may attend sessions at no additional charge. 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**. Amount: _____
- Please check if you need a **TABLE COVER**. Please list **EXHIBIT REQUIREMENTS** (e.g., electric, location) _____

- Please reserve ___ Friday **BANQUET TICKET(S)** at **\$25 each**. *Meals accommodate vegetarian needs
- ___ Saturday **LUNCH TICKET(S)** at **\$14 each**.
- ___ Sunday **LUNCH TICKET(S)** at **\$10 each**. Amount: _____

- Special dietary needs:** _____

- Optional **ASA MEMBERSHIP:** ___ Library/Institutional **\$75 print, \$92 electronic, \$112 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, 2017.

___ EXHIBIT FEE enclosed ___ AD FEE enclosed ___ SPONSORSHIP FEE enclosed ___ BILL ME LATER

Mary K. Thomas/ Christopher L. Leadingham, Appalachian Studies Association, One John Marshall Dr., Huntington, WV 25755
Phone: 304-696-2904 | E-mail: asa@marshall.edu | Fax: 304-696-6221 | www.appalachianstudies.org