

PLEASE RETURN THIS FORM TO THE APPALACHIAN STUDIES ASSOCIATION BY NOVEMBER 15, 2017.

ALL ADVERTISEMENTS MUST BE RECEIVED BY NOVEMBER 15, 2017.

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 **\$20 each**.
____ Saturday **LUNCH TICKET(S)** at **\$10 each**.
____ Sunday **BREAKFAST TICKET(S)** at **\$7 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 (electronic) and Final (printed) 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 (electronic) and Final (printed) 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, 2018.

____ **EXHIBIT FEE** enclosed ____ **AD FEE** enclosed ____ **SPONSORSHIP FEE** enclosed ____ **BILL ME LATER**

Mary K. Thomas, 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