



## **EXHIBITOR PROSPECTUS AND APPLICATION**

### **OVERVIEW**

Autism Speaks is proud to announce its second annual national conference: Treating the Whole Person with Autism: Care Across the Lifespan. This conference will take place July 26-27, 2013 at the Hilton Columbus at Easton, in Columbus, Ohio. Other conference partners will include Nationwide Children's Hospital, The Ohio State University Wexner Medical, and the American Academy of Pediatrics. We look forward to accommodating over 400 families and professionals in this effort to increase our awareness of autism spectrum disorders and advocate for the needs of individuals with autism and their families.

### **EXHIBITOR REGISTRATION INCLUDES:**

- Meeting Materials
- Six-foot table space with tablecloth
- Breakfast, lunch and snacks on both days of the conference for one representative
- An evening reception on Friday, July 26<sup>th</sup>

### **EXHIBITOR REGISTRATION FEES**

- For-Profit Rate: \$750
- Non-Profit Rate: \$250
- Each Additional Representative: \$100

### **EXHIBIT DATES AND HOURS**

Exhibit Set-Up is available from 6:00pm-8:00pm on July 25<sup>th</sup> or starting at 6:00AM on July 26<sup>th</sup>, 2013. We will ask that all exhibits be in place by the 7:00AM registration. A continental breakfast will be served and registrants will be able to visit your exhibit first thing in the morning. Exhibit hours are Friday and Saturday from 7am-5pm.

*Please note that the selling of items is strictly prohibited at this conference.*

### **DEADLINE FOR APPLICATIONS & NOTIFICATION OF ACCEPTANCE**

Applications to exhibit at the conference are due by May 27, 2013. Within two weeks of the deadline, the planning committee will review submitted applications and award exhibit space. Notification of acceptance will be sent by June 10, 2013 to the contact provided below.

**EXHIBIT APPLICATION**

**Autism Speaks National Conference**

**Treating the Whole Person with Autism: Care Across the Lifespan**

*July 26-27, 2013-Columbus, Ohio-Hilton Columbus at Easton*

**Company/Organization Information** (This information may be used in the conference program and/or on the conference web site.)

Company/Organization\_\_\_\_\_

Street Address\_\_\_\_\_

City/State/Zip\_\_\_\_\_

Phone\_\_\_\_\_

Web Site\_\_\_\_\_

**Contact Information** (This information will not be published. This person will receive all information pertaining to exhibits and/or advertising.)

First Name\_\_\_\_\_ Last Name\_\_\_\_\_

Title\_\_\_\_\_

Mailing Address\_\_\_\_\_

City/State/Zip\_\_\_\_\_

Phone\_\_\_\_\_ Fax\_\_\_\_\_

Email Address\_\_\_\_\_

**Business or Organization Description (limit 75 words)**

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Please submit this application and any questions you may have to [atn@autismspeaks.org](mailto:atn@autismspeaks.org)