



Florida American Sign Language Teachers Association

■ 2018 Annual Professional Development Conference ■

February 16th-18th, 2018

Renaissance Tampa International Plaza Hotel (Marriott)
4200 Jim Walter Blvd, Tampa, FL 33607

"30th Anniversary"

VENDORS/EXHIBITORS

The Florida American Sign Language Teachers Association invites you to participate as a vendor / exhibitor at our 2018 Annual Conference: "30th Anniversary/200th Year of ASL/Deaf Culture Conference" to be held on February 16th to 18th. This conference will be held in Tampa, Florida. Take advantage of the opportunity to visit the sunny palm-lined streets, scenic waterfront, quaint shopping district, historic neighborhoods amid an atmosphere of elegance and comfort, while at the same time promoting your business, corporation, or organization.

PRICE:

Flat rate of \$100 per table for Friday evening, Saturday all day/evening. Fee includes: All of the benefits of the conference for up to 2 people, one 6-foot table draped, 2 chairs, electricity and Wi-Fi (bring your own extension cord, please). Company name in "Vendors" list in the program book.

SCHEDULE:

Friday, 9/16 from 6 pm – 9 pm

Saturday, 9/17 from 8 am – 6 pm

SET-UP:

Friday, 2/16 from 4 p.m. – 6 pm

All exhibits will be located in the same room and will be in a direct path between breakout rooms. Hotel policy is as follows: Nothing may be nailed, tacked, taped or otherwise attached to wall, doors, furniture or other parts of the building. Vendors/exhibitors will be held liable for any damage incurred during set-up/breakdown. Hotel staff will be available to assist in hanging signs or banners. Please indicate specific needs below as there is a limited supply of extension cords, power strips and direct internet plug-ins.

BREAKDOWN:

Saturday, 2/17 from 5pm – 6pm

INSURANCE/LIABILITY:

Vendors/exhibitors are to make arrangements for insurance coverage of the property being exhibited as neither the Hotel nor the Florida American Sign Language Teachers Association accepts responsibility for damage and/or loss of any merchandise brought onto the property.

REGISTRATION:

To reserve a booth, fill out, sign and mail the Vendor/Exhibit Contract Form with payment (payable to FASLTA) no later than January 15, 2018. **\$30 fee will be charged for returned checks** Cancellation: Should an exhibitor wish to cancel this contract, FASLTA must be notified in writing before January 30, 2018. If cancellation is before said date, \$75 will be refunded. If an exhibitor has paid but is a NO SHOW, there will be no refund.

HOTEL INFORMATION:

1) **Online:** Reservations can be made online at

<http://www.marriott.com/hotels/travel/tpaim-renaissance-tampa-international-plaza-hotel>

Enter the date 2/16-18, 2018 Click on the drop down for special rates – Group code of ASLASLA

2) **Phone:** Reservations Desk Direct ay (813) 877-9200. Reference the group code: ASL

Group rate is available at \$159USD/night + tax.

>>>>>For more information, you may email marikarobinson@gmail.com



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VENDOR/EXHIBITOR INFORMATION: (Due with payment by January 15, 2018)

Name: (Mr. /Mrs. /Ms. /Dr.) _____

Name for badge: _____

Business/Organization _____

Address _____ City _____ State _____ Zip _____

Email _____ @ _____

Home Phone (____) _____ VOICE VP TTY

Work Phone (____) _____ VOICE VP TTY

My company/organization has the following needs: (check all that apply)

- electricity extension cord power strip Wi-Fi direct internet plug-in
- hotel staff assistance with banner or other items which need to be hung

Other needs: _____

Emergency Contact Name _____ Phone _____

PAYMENT INFORMATION:

Total payment: \$ _____ Check # _____ (payable to FASLTA)
 Money order/Cashier's check # _____ (payable to FASLTA)

Sorry no credit charges accepted. However, we do accept PayPal on the website: www.faslta.org

Mail this form with payment to:
 Cindi Jacobs, FASLTA Treasurer
 4911 Pinemore Lane
 Lake Worth, FL 33463-6996
 (cjfaslta@aol.com)

Contact person:
 Chairlady Marika Robinson
 (marikarobinson@gmail.com)

By signing this contract, vendor/exhibitor agrees to abide by all terms, conditions and regulations set forth in this contract.

Exhibitor name: _____

Exhibitor signature: _____

Date: _____

DO NOT WRITE BELOW THIS LINE

Date received: _____ Date confirmation sent: _____ Email Letter