

Immersion Conference Exhibitor Registration Form

Crowne Plaza Hotel Riverfront, St. Paul, MN

October 17-18, 2008

Company/Organization Name (as you would like it to appear in the conference program)	
Name of Primary Contact Person	Title
E-mail of Primary Contact Person	
Web Site of Company/Organization	
Mailing Address	City/State/Zip/Country
Daytime Telephone Number (include area/country code)	Fax (include area/country code)
Name of Exhibitor Representative (in attendance at the conference)	Title
Name of Additional Exhibitor Representative (in attendance at the conference)	Title

Please describe the nature of your institution and the types of materials or services that will be displayed (including grade level and language[s]).

Payment

Number of Tables _____ at \$125 each = _____
(Fee includes one six-foot draped table and two chairs)

Submit form and payment (check payable to "Center for Applied Linguistics") to:

Julie Sugarman
Center for Applied Linguistics
PO Box 630948
Baltimore, MD 21263-0948

Exhibitor spaces will be reserved on a first-come, first-served basis. Priority will be given to exhibits that focus on K-12 education and language learning, however a limited number of spaces may be available for other types of vendors. Other vendors will be added to a waiting list on a first-come, first served basis and will be informed by September 15, 2008 if there will be room. A full refund of the exhibitor fee will be given if an exhibitor cannot be accommodated.

For full refunds, cancellation notice must be received no later than September 15, 2008. No refunds will be given after this date.

Further details on shipping, logistics, and location of the exhibit hall within the hotel will be sent to exhibitors with their registration confirmation.

For questions about conference exhibits, please e-mail Julie Sugarman at jsugarman@cal.org or call 202-362-0700 x570.