



THE NATIONAL SYMPOSIUM ON STUDENT RETENTION

Sponsored by the Consortium for Student Retention Data Exchange at the University of Oklahoma

September 29-October 1, 2008

Little Rock, Arkansas

Exhibitor Application Form

To ensure your exhibit space, all applications for exhibits at the National Symposium on Student Retention must be **received by July 1, 2008** and **paid in FULL by August 1, 2008**. The primary representative's conference registration fee is included in the booth fee. Any additional reps must register for the conference.

Please provide the following information (please type or print clearly):

Primary Representative:

Organization: _____

Preferred Salutation: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

First Name: _____

Last Name: _____

Title: _____

Name on Badge: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Phone: _____

Fax: _____

E-mail: _____

Meal Preference: Do you require a vegetarian meal? ☐ Yes ☐ No

Additional Representative ****MUST REGISTER**** (If more than 1 additional rep please attach a list)

Organization: _____

Preferred Salutation: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

First Name: _____

Last Name: _____

Title: _____

Name on Badge: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Phone: _____

Fax: _____

E-mail: _____

Meal Preference: Do you require a vegetarian meal? ☐ Yes ☐ No

Special Needs: The University of Oklahoma is committed to making their activities accessible to persons with disabilities or special needs. If you anticipate a need for service, please notify us at least three (3) weeks in advance of the conference.

Request: _____

Please describe the nature of the materials, processes, or services to be exhibited:

If you are planning to offer items for sale, please fill out the following:

Price range of items offered: _____

Average price: _____

Payment of the exhibitor fee includes the following:

- One one-line Identification Sign
- One 6' table and table cloth
- Two folding chairs and a waste bin

Requirements for display:

Type of Display

Table Top Display ☐

Floor Display ☐

Dimensions of your display

Length: _____

Width: _____

Height: _____

**Audio-visual equipment rental, electricity and internet access is not included. These needs should be coordinated with the Peabody Hotel. Exhibitor will be responsible for the cost of these services.*

SPACE CONFIRMATION: Upon receipt of both the completed application and payment made to C-IDEA, confirmation and an exhibitor contract will be sent. Priority will be given to long-term exhibitors and sponsors.

PAYMENT TERMS: A \$500 U.S. deposit must accompany this application. Payment of the balance is due no later than August 1, 2008. Notice of cancellation must be received in writing to the CSRDE Office by August 1, 2008 in order to receive a refund of the initial deposit, less a \$200 processing fee. No refunds will be granted after August 1, 2008 unless all exhibit space has been sold and all canceled space has been resold. If all event space is resold, a 50 percent refund of the full exhibit fee will be provided.

Organization: _____

SPONSOR ACCEPTANCE: I, the duly authorized representative of the above organization, on behalf of said organization, subscribe and agree to all the terms and conditions contained in this contract.

Sponsor/Representative Name: _____

Signature: _____ Date: _____

IMPORTANT NOTICE: I understand that exhibitor space is available on a paid, first-come, first-served basis. Upon receipt of this application and payment, the Consortium for Student Retention Data Exchange (CSRDE) will send me an exhibitor contract.

Authorized Signature: _____

Date: _____

Next Step:

Please fax this form
and the Exhibitor Payment Form to
The University of Oklahoma, Registration and Records at (405) 325-7164.



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EXHIBITOR PAYMENT FORM

September 29-October 1, 2008 Little Rock, Arkansas

(Please type or print clearly)

Contact Name: _____ **Contact Phone:** _____
Name of Organization: _____ **Contact Email:** _____

Exhibitor Fees

Booth Fee: \$800/booth <i>Paid in Full By August 1, 2008</i>	Indicate # of Booths:	Amount \$
Exhibitor Booth- Includes 6' table, table cloth, signage, 2 folding chairs, and a waste bin. (Note: Internet and electrical hook ups are not included. Arrangements for these services can be made with the hotel and will be paid for by the exhibitor)		
Additional Exhibitor Badges: \$200/per badge Upgrade Exhibitor badges to full conference access: Additional \$198/badge Note: If you want to present a case study at the conference you must have a full conference registration.	Indicate # of Additional Exhibitor badges: Indicate # of Badge Upgrades:	\$
TOTAL DUE:		\$
All Applications must be accompanied by a minimum down payment of \$500		AMOUNT PAID: \$
The balance must be paid in full by August 1, 2008		BALANCE DUE: \$

Select Payment Option:

<input type="checkbox"/> Check	Payable to: The University of Oklahoma, C-IDEA	Federal ID #: 73-6017987
	Mail to: The University of Oklahoma Attn: C-IDEA 1700 Asp Avenue, Room B1 Norman, OK 73072-6400	
<input type="checkbox"/> Credit Card Call-In	Call toll free: 800-522-0772, ext. 1229	
<input type="checkbox"/> Fax Credit Card	Fax to: 405-325-7164	
Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Credit Card Number:		Expiration Date:
Cardholder Name:		Signature:

Please be sure to Fax (405-325-7164) or Mail (see address in payment box above):

- ☐ The completed Exhibitor Application (pages 1 and 2)
☐ Payment form (this form) with your payment (page 3)
☐ (Optional) Exhibitor/Sponsor Case Study Proposal Form (pages 4 and 5)



Little Rock, Arkansas

Case Study Authors/Presenters

The following individuals will be identified as the authors of the case study.

Note: Each Conference Presenter must be registered for the conference. Exhibitors wishing to present must upgrade their badges to include full conference registration. Event and Symposium Sponsorships include one or two full conference registrations, respectively.

Author/Presenter 1

Organization:
Mr., Ms., Mrs., Dr.:
First Name:
Last Name:
Title:
Name on Badge:
Address:
City:
State/Province:
Zip/Postal Code:
Phone:
Fax:
E-mail:
Vegetarian Lunch?

Author/Presenter 2

Organization:
Mr., Ms., Mrs., Dr.:
First Name:
Last Name:
Title:
Name on Badge:
Address:
City:
State/Province:
Zip/Postal Code:
Phone:
Fax:
E-mail:
Vegetarian Lunch?

Please be sure to Fax (405-325-7164) or Mail the following information to the address on the Exhibitor Payment Form:

- ☐ The completed Exhibitor Application (pages 1 and 2)
☐ Payment form with your payment (page 3)
☐ (Optional) Exhibitor/Sponsor Case Study Proposal Form (pages 4 and 5)