

Exhibitor Form

Company: _____ Name: _____
Address: _____ City: _____ State: _____
Zip _____ Telephone: _____ E-Mail: _____

Authorized Person has read and agrees to the Exhibitor & Advertisement Terms and Conditions. Advertiser's representative affirms that he or she is fully authorized to bind Advertiser to the terms herein and to execute this document on behalf of the Advertiser.

Authorized Signature _____

Please Print Name of Authorized Person _____

Please list the names of all those who will be at your vendor table for Exhibitor Name Badges

Exhibit Fee \$500.00

Includes one 8 foot table, name displayed in the program, electricity, wifi, list of conference attendees.

(Display times: Friday, November 12, 2010 from 8 am - 6 pm)

(Set Up is Thursday after 6 pm or Friday morning before 8 am)

***Please provide a product/service for the conference raffle.

Advertise All Year and Reduced Advertising Costs and premiere ad spots!!

PREMIERE Sponsorship

\$1,200 per year

Exhibit Booth at one CDAM conference, Web Ad on web site, 1/2 Page in Member Directory, Name prominently displayed at conferences and Trial College, 1/2 Page in Annual Awards Dinner Program, 2 Tickets to the Awards

DEFENDER Sponsorship

\$3,750 per year

Exhibit Booth at the spring and fall conferences, Web Site Banner on Home Page, Full Color Page in Member Directory, Full Pages in each quarterly CDAM newsletter, Name prominently displayed at conferences and Trial College, Full Color Page in Annual Awards Dinner Program, 2 Tickets to the Awards Dinner

JUSTICE Sponsorship

\$2,500 per year

Exhibit Booth at the spring and fall conferences, Web Ad on web site, Full Page in Member Directory, 1/2 Pages in each quarterly CDAM newsletter, Name prominently displayed at conferences and Trial College, Full Page in Annual Awards Dinner Program, 2 Tickets to the Awards Dinner

Total Amount Due: _____

Payment Methods:

Check # _____ Payable to CDAM

Visa Mastercard American Express Discover

Card # _____

Exp Date: _____ Security Code: _____

Please Print Name as it appears on Card: _____

Authorized Signature: _____

(you can also pay with credit card online at www.cdamonline.org-click on the Event for Vendors

Please mail form to: CDAM, PO Box 18098, Lansing, MI 48901