

Contract for Sponsorship, Advertising & Exhibiting



Consistent with COSAC's Position Statement on Treatment Recommendations, the agency will not accept exhibits that promote Auditory Integration Training and other types of listening programs, Facilitated Communication, Psychoanalysis or Secretin and any other intervention the agency deems unacceptable. Visit www.njcosac.org for COSAC's Position Statement on Treatment Recommendations. COSAC also reserves the right to determine the appropriateness of any potential sponsor, advertiser and exhibitor and may choose to decline requests that are not consistent with the agency's mission

I attest that I will not promote any facet of my (my agency's) service provision that involves these four interventions in any manner, including, but not limited to, promotional and educational materials, videos and communication of any kind. Any questions, call Apryl Roach at 609.883.8100, ext. 46.

The Conference program listing for exhibitors will be based on the following information, so please type for legibility. Please only list organizational information. If you must list personal information (home address, cell phone number, etc.) please clearly note if you do not want this information published. Also, please list the primary representative who will be attending the Conference with the exhibit booth and note that additional exhibitor information will be sent to the primary representative approximately one month before the Conference.

Organization name		
Type of service or product (Please limit description to the one line above)		
Primary representative	Title	
Will you have a second representative? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list that representative's name	
Street address		
City ()	State ()	Zip
Telephone	Fax	
Your individual e-mail address		
Website	General agency e-mail address:	

Sponsorship

- | | |
|--|---|
| <input type="checkbox"/> A Piece that Fits \$25,000 | <input type="checkbox"/> Conference Program & Tote Bag Printing \$20,000 |
| <input type="checkbox"/> Program Printing Only \$10,000 | <input type="checkbox"/> Tote Bag Printing Only \$10,000 |
| <input type="checkbox"/> Partial Tote Bag Printing \$2,500 | <input type="checkbox"/> A Piece that Fits Portfolios \$10,000 |
| <input type="checkbox"/> Awards Ceremony & Reception \$7,500 | <input type="checkbox"/> Gold Member Luncheon \$5,000 |
| <input type="checkbox"/> Individual Workshop \$2,500: Workshop # _____ | <input type="checkbox"/> Conference Scholarship \$250 ea: # of scholarships _____ |
| <input type="checkbox"/> Thursday's Conference Sponsor \$10,000 | <input type="checkbox"/> Thursday's Luncheon \$5,000 |

Advertising

- Centerfold A Piece that Fits \$2,500 Full-Page A Piece that Fits \$1,500 Inside back cover \$1,000
 Full-page \$750 Half-page \$500 Quarter-page \$350 Tote bag insertion \$1,000 (Agency members \$900)

Exhibiting – Recruiting Participants for Research

Exhibitors interested in distributing information to recruit participants for research studies **may not** do so without prior approval. To seek approval, please e-mail a brief description of the study, the intended participants and anticipated results as well as the status of the study's Institutional Review Board approval to Suzanne Buchanan, Psy.D., BCBA, COSAC's Director of Clinical Services, at suzanne.buchanan@njcosac.org.

- Vendor \$750 Nonprofit \$525 COSAC agency member \$425 Fee for additional table(s) \$ _____
Please make sure the primary representative signs the exhibit terms noted on the reverse page.

Fees

- Sponsorship\$ _____
 Program Advertising\$ _____
 Exhibitor Fees\$ _____
 Annual Awards Ceremony and Attendance (\$45/person # _____) ...\$ _____
 I do not wish to participate in any of the above opportunities,
but enclosed is my donation of\$ _____
Total Enclosed\$ _____
If you also are enclosing agency (\$500) or corporate (\$750)
member dues, please enclose a separate check. Thank you.

Please mail the completed original contract (including the exhibitor terms with representative signature on reverse side), a check payable to COSAC and artwork for ad (if applicable) to Apryl Roach, COSAC, 1450 Parkside Avenue, Suite 22, Ewing, NJ 08638.