CAAS 2017 FALL MEETING: REGISTRATION FORM FOR EXHIBITORS/VENDORS

Marriott NEW YORK East Side, 525 Lexington Avenue, New York, NY 10017
Thursday, October 5 to Saturday, October 7
Deadline for Pre-registration: postmarked by September 1, 2017

Name of Business/Organization: ___________________________________________

Name of Contact Person: ___________________________________________________

Mailing Address: ___________________________________________________________
_________________________________________________________________________

Phone #: __________________ email: _______________________________________

Representative #1: __________________ email: _______________________________

CAAS Member? _____ Is this your first CAAS Annual Meeting? _____

Representative #2: __________________ email: _______________________________

CAAS Member? _____ Is this your first CAAS Annual Meeting? _____

Number of tables requested: _____ (dependent upon availability)
Exhibitor Fee: $35 per table (no charge for non-profit organizations) _____

Donation to CAAS Programs _____

Registration for 1-2 Representatives (waived): _____

Registration for meals (meals may not be purchased on site):

Buffet Luncheon Friday: $27 _____

Buffet Dinner Friday: $32 _____

Buffet Lunch Saturday: $27 _____

Friday Reception Preceding The Clack Lecture: $18 _____

Total Amount Enclosed: _____

Please mail this form postmarked no later than September 1, 2017 with your check payable to The Classical Association of the Atlantic States to:

Mary Brown, CAAS Executive Director, 309 Bellarmine Hall, Saint Joseph’s University, 5600 City Avenue, Philadelphia, PA 19131