



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