



# 2018 UCP Family Conference

ON CEREBRAL PALSY &  
DEVELOPMENTAL DISABILITIES

October 19-20, 2018 | Red Lion Jantzen Beach Hotel, Portland, Oregon

## EXHIBITOR INFORMATION

Thank you for your interest in being an exhibitor at the UCP 2018 conference

### EXHIBITOR LEVELS/FEES

<b>LEVEL A: \$650</b>	<ul style="list-style-type: none"> <li>• 6' skirted exhibitor table</li> <li>• 2 free conference registrations</li> <li>• Full page ad in attendees' packet*</li> <li>• Presentation during a conference session**</li> </ul>
<b>LEVEL B: \$500</b>	<ul style="list-style-type: none"> <li>• 6' Skirted exhibitor table</li> <li>• 1 free registration</li> <li>• Half page ad in attendees' packets*</li> </ul>
<b>LEVEL C: \$250</b>	<ul style="list-style-type: none"> <li>• 1 catalog/brochure will be inserted in attendees' packets (or \$250 worth of product)*</li> </ul>
<b>ADDITIONAL CONFERENCE REGISTRATIONS</b>	<ul style="list-style-type: none"> <li>• \$75 per extra person</li> </ul>
<b>LATE EXHIBITOR REGISTRATION FEE</b>	<ul style="list-style-type: none"> <li>• To encourage early registration, an additional \$50 fee will be added for payments received after 9/14/18.</li> </ul>

*\*If materials are not received by the deadline, we cannot guarantee their use.*

*\*\*60 or 90 minute workshop slots are available before August 17, 2018. Inquire.*

## DUE DATES/INSTRUCTIONS

<b>LEVEL A: AD COPY</b>	<ul style="list-style-type: none"><li>• What: Full page ad is 8 ½ x 11 with ¼" margins. Ad should be submitted as press-ready PDF files. Please embed all fonts, and convert all photos and spot colors to CMYK. Digital photos and graphics files should be at a resolution of 300 dpi or higher at the size which they are used in the PDF. Do not include crop or trim marks.</li><li>• Deadline: 9/1/18</li><li>• How to Submit: email to <a href="mailto:chausman@ucpaorwa.org">chausman@ucpaorwa.org</a></li></ul>
<b>LEVEL B: AD COPY</b>	<ul style="list-style-type: none"><li>• What: Half page ad is 8 ½ x 5 ½ with ¼" margins. Ad should be submitted as press-ready PDF files. Please embed all fonts, and convert all photos and spot colors to CMYK. Digital photos and graphics files should be at a resolution of 300 dpi or higher at the size which they are used in the PDF. Do not include crop or trim marks.</li><li>• Deadline: 9/1/18</li><li>• How to Submit: email to <a href="mailto:chausman@ucpaorwa.org">chausman@ucpaorwa.org</a></li></ul>
<b>LEVEL C: ATTENDEE PACKET MATERIALS</b>	<ul style="list-style-type: none"><li>• What: 200 glossy flyers/catalogs and/or product (with a total value of \$250)</li><li>• Deadline: 9/20/18</li><li>• How to Submit: deliver or mail to the UCP office (UCP Oregon, ATTN: SUSAN, 305 NE 102<sup>nd</sup> Ave, Suite 100, Portland OR 97220)</li></ul>

## CANCELLATION POLICY

Written cancellation accepted up to 30 days prior to the conference (before Sept. 20th). A \$50 administration fee will be charged. All refunds will be mailed after the conference.

## SEND COMPLETED EXHIBITOR REGISTRATION FORMS/PRODUCTS TO:

**EMAIL:** [scushman@ucpaorwa.org](mailto:scushman@ucpaorwa.org)  
**FAX:** 503-771-8048  
**MAIL:** United Cerebral Palsy of Oregon & SW Washington  
305 NE 102<sup>nd</sup> Avenue, Suite 100  
Portland, OR 97220

## QUESTIONS?

Call Susan Cushman at 503-467-0332 or 800-473-4581 Ext. 332

# EXHIBITOR REGISTRATION FORM

## CONTACT INFO

FIRST NAME		LAST NAME	
COMPANY			
ADDRESS			
PHONE NUMBER		EMAIL ADDRESS	

## PAYMENT INFO

<b>PARTICIPATION LEVEL:</b> <input type="checkbox"/> LEVEL A (\$650) <input type="checkbox"/> LEVEL B (\$500) <input type="checkbox"/> LEVEL C (\$250)	<b>OTHER FEES:</b> EXTRA CONFERENCE REGISTRATIONS <input type="checkbox"/> \$75 PER PERSON, #____ = \$_____ (TOTAL)  LATE EXHIBITOR REGISTRATION (after 9/14/18) <input type="checkbox"/> \$50
TOTAL AMOUNT= \$ _____	
How are you paying? <input type="checkbox"/> Visa   <input type="checkbox"/> MasterCard   <input type="checkbox"/> Amex   <input type="checkbox"/> Discover   <input type="checkbox"/> PO (signed) <input type="checkbox"/> Check (make checks payable to: United Cerebral Palsy)	
Card Number: _____ Exp. Date: _____ CRV: _____	
Signature: _____ Today's Date: _____	

## EXHIBITOR INFO

Please list the name(s) of your company's representative(s) who will be attending the conference.
For LEVEL A & B EXHIBITORS: Please describe the products and/or services to be featured.
For LEVEL A EXHIBITORS: Please describe your workshop presentation topic.