

Conference Date:  
November 20, 2008

# Exhibitor Registration

Registration Deadline October 6, 2008

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**Assistive Technology: Improving Lives Daily**

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**Product/Service Description:** Your Exhibitor fee includes a **25 words or less** description of your product or service for the Conference Program and Resource Guide. Please attach a separate sheet or email description to [jcarlson@techaccess-ri.org](mailto:jcarlson@techaccess-ri.org)  
**Must be received by October 6, 2008.**

To ensure quality ads, please send in **electronic format** (pdf, jpeg, bitmap).  
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**Exhibit Staff #1**

\_\_\_\_\_ (name as it will appear on nametag)

Title: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For statistical purposes: Do you self identify as a person with a disability?  yes

Accommodations Needed: \_\_\_\_\_  
(Request for accommodations must be received by October 6, 2008)

Non Vegetarian Lunch     Vegetarian Lunch     No Lunch

**Exhibit Staff #2**

\_\_\_\_\_ (name as it will appear on nametag)

Title: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For statistical purposes: Do you self identify as a person with a disability?  yes

Accommodations Needed: \_\_\_\_\_  
(Request for accommodations must be received by October 6, 2008)

Non Vegetarian Lunch     Vegetarian Lunch     No Lunch

**Exhibit Staff #3**

\_\_\_\_\_ (name as it will appear on nametag)

Title: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For statistical purposes: Do you self identify as a person with a disability?  yes

Accommodations Needed: \_\_\_\_\_  
(Request for accommodations must be received by October 6, 2008)

Non Vegetarian Lunch     Vegetarian Lunch     No Lunch

***Due to space availability, please limit number of exhibit staff to three.***

Please make check payable to TechACCESS and remit to:  
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110 Jefferson Boulevard, Suite I  
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