

2016 Coalition for Global **Hearing Health Conference**

October23-25, 2016 University of Santo Tomas, Manila, Philippines

EXHIBITOR/SPONSOR REGISTRATION *Register by October 7, 2016

Organization	to the Sponsor category and receive a complimentary exh
Organization:	booth with priority choice of booth location. ☐ EXHIIBIT BOOTH INCL'D WITH SPONSORS
Primary Contact:	
Address:City, State, Zip:	
Phone: ()	Indicate your sponsorship category below by entering sponsorship amount. A complete listing of sponsorship benefits by level can be found at www.CCGH.USU.ED ☐ Gold Sponsorship (\$5,000 or more) \$ Silver Sponsorship (\$4,999-\$2,500) \$ Bronze Sponsorship (\$2,499-\$1,000) \$
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FOUR EASY WAYS TO REGISTER Online, fax, and phone registrations must include credit card or purchase order information. 1. ONLINE: www.CGHH.USU.EDU 2. FAX: 435-797-0636 3. MAIL: Conference Registration Services Utah State University 5005 Old Main Hill, Logan UT 84322-5005 4. PHONE: 800-538-2663 or 435-797-0421 Exhibit Booth Registration Each booth space includes one draped table with chairs. One Conference registration is included with each booth. Enter quantity below: EXHIBIT BOOTH	Tell us how you'd like your sponsorship funds applie Exclusive Opportunities: Breakfast Sponsorship - □Monday □Tuesday - \$3,000 Refreshment Break - □Monday AM □Tuesday AM - \$ Refreshment Break - □Monday PM □Tuesday PM - \$ □ Poster Hall Sponsor - \$1,500 □ Speaker Ready Room Sponsor - \$2,000 □ Nametag Lanyard Sponsor - \$3,000 Limited Opportunities: □ Exhibit Hall Networking Areas (three available) - \$1 □ Lunch and Learn Session - \$5,000 Scholarships: Help parents and/or students attend the CGHH Meeting earmarking your sponsorship towards scholarships. \$500
Add additional exhibit representative(s) to your booth below. Enter quantity and name(s) in the areas below. Does not include registration to the meetings. # of Additional Exhibit Staff @ \$50 each. Enter name(s):	Parent Scholarships Custom Sponsorship: Amount \$ Description:
BOOTH PLACEMENT: We Prefer NOT to be next to: Special Needs Requests - 14 days advance notice required. Vegetarian Vegan Gluten Free Allergy-Other	METHOD OF PAYMENT Full payment is required with registration (check one) ☐ Check payable to: USU Conference Services ☐ Purchase order # (please attach copy) ☐ Credit Card: Call 800-538-2663 or 435-797-04
Specify Allergy-Other: Special needs accommodation request (persons with	Total Amount Enclosed: \$
	CANCELLATION & REFUND POLICY (Required)
disabilities):	Refunds will be made to those registrants who must cancel, le \$50 processing fee. Written cancellation requests must be parked on or before September 30, 2016 . No refunds will made after that date. Substitutions are welcome with no processing fee if the same payment method is used. Utah

Sponsorships - Complimentary Exhibit Booth Upgrade the Sponsor category and receive a complimentary exhibit both with priority choice of booth location. ☐ EXHIIBIT BOOTH INCL'D WITH SPONSORSHIP ndicate your sponsorship category below by entering your sponsorship amount. A complete listing of sponsorship benefits by level can be found at www.CCGH.USU.EDU. ☐ Gold Sponsorship (\$5,000 or more) \square Silver Sponsorship (\$4,999-\$2,500) \square Bronze Sponsorship (\$2,499-\$1,000) Tell us how you'd like your sponsorship funds applied: **Exclusive Opportunities:** Breakfast Sponsorship - □Monday □Tuesday - \$3,000 Refreshment Break - □Monday AM □Tuesday AM - \$2,000 Refreshment Break - □Monday PM □Tuesday PM - \$2,000 ☐ Poster Hall Sponsor - \$1,500 ☐ Speaker Ready Room Sponsor - \$2,000 ☐ Nametag Lanyard Sponsor- \$3,000 **Limited Opportunities:** ☐ Exhibit Hall Networking Areas (three available) - \$1,000 ☐ Lunch and Learn Session - \$5,000 Scholarships: Help parents and/or students attend the CGHH Meeting by earmarking your sponsorship towards scholarships. \$500 each. _ Parent Scholarships Custom Sponsorship: Amount \$ Description: METHOD OF PAYMENT Full payment is required with registration (check one) ☐ Check payable to: *USU Conference Services* __ (please attach ☐ Purchase order #___ ___ copy) □Credit Card: Call 800-538-2663 or 435-797-0421 Total Amount Enclosed: \$_ CANCELLATION & REFUND POLICY (Required) Refunds will be made to those registrants who must cancel, less a \$50 processing fee. Written cancellation requests must be postmarked on or before September 30, 2016. No refunds will be

State University reserves the right to cancel this event or portions thereof due to insufficient enrollment and limits

liability to registration refunds only. ☐ I have read and agree to the CCGH Meeting Cancellation & Refund Policy