

Revised: 4/26/17



AMERICAN SCHOOL FOR THE DEAF ALUMNI ASSOCIATION

The American School for the Deaf's 200th Bicentennial Celebration hosted by the American School for the Deaf Alumni Association.

2017 ASD's 200th BICENTENNIAL CELEBRATION BOOTH INFORMATION PACKET

American School for the Deaf Alumni Association would like to invite you to participate in our 2017 ASD's 200th Bicentennial Celebration on Saturday, June 24, 2017. Come and help our community enjoy a day of fun and festivities. Enclosed you will find a Celebration booth registration form to reserve your spot in the event. This is one of the largest community events for ASD's 200th Bicentennial Celebration with numerous guests and Businesses in attendance. This is a wonderful opportunity to promote your business and meet new people. First come, first serve basis!

Please return this application to:

Bev Backofen
American School for the Deaf Alumni Association
139 North Main Street
Box #22
West Hartford, CT 06107

Email: bev.backofen@asd-1817.org

Videophone: (203)-303-7203

Open to Exhibitor: 8:00 A.M. • Open to Public: 9 A.M. • Close at 4:00 P.M.

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ASD's 200th Celebration Hosted by ASDAA BOOTH APPLICATION

EXHIBITOR INFORMATION

(Print Clearly)

Organization or Business Name _____ Date _____

Contact Person (**Last/First Name**) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Videophone # (_____) _____ Phone # (_____) _____

Email: _____

BOOTH FEES

(Check all that apply)

REGULAR BEFORE:

MONDAY, June 5, 2017

Small Business/Non-Profit.....\$100

(If your business sponsor us at least \$500 then your rate will be \$0.00 per one booth table)

Company.....\$200

(If your business sponsor us at least \$500 then your rate will be \$100.00 per one booth table)

BOOTH CONFIGURATION

Booth Chairperson has final authority regarding the placement of booths for the floor plan.

(Check all that apply)

PLEASE PROVIDE A DESCRIPTION OF YOUR BOOTH:

Clothes Crafts Food/Beverage Other _____

ITEMS YOU WILL NEED:

Booth table(s) _____ (max: 2)

Chairs(s) _____ (max: 6)

Electrical Outlet(s) _____ (max: 2)

Note: Please bring your own table cover(s), advertising sign(s), poster(s), etc.

PAYMENT INFORMATION

(Print clearly)

Booth(s) \$ _____

Security Deposit (required) \$50.00

Total Payment Amount: \$ _____

Payment Type: Certified Check from the Bank

Credit or Debit Card: <https://squareup.com/store/asd-alumni-association>

**Scroll Down to see "Booth Exhibition" to fit your choice.*

Note: These must be paid before you can receive your spot for the Celebration booth. You will get your deposit back at the end of the booth exhibition day on Saturday, June 24, 2017 if the booth is cleaned with no damages.

SIGNATURE _____ DATE _____

Remember to make a copy for your own records.