2017 Summer Institute on Aging EXHIBITOR APPLICATION / REGISTRATION

For the 39th year, the Summer Institute on Aging will support the professional development in aging for those persons working in the areas of health care, social service and education. The WVU School of Social Work and WVU School of Public Health are committed to providing timely information and educational opportunities to service providers, educators, and students. Attendees are from all over the state of West Virginia. The dates of this year's conference are June 6-8, 2017 at Lakeview Resort & Conference Center in Morgantown, WV.

Please join us as an exhibitor for the 39th Summer Institute on Aging! While you are welcome to display for the whole conference, we will only require exhibitors to display on June 6-8, 2017. This year's theme is "Aging in America: Leading the Way". The exhibition areas are on the same floor as the workshops and are strategically placed so that participants will pass by them on their way to break out sessions, keynote presentations, and meals. Set up is available on Monday June 5, 4:00-7:00pm or Tuesday June 6, 7:00-8:00am. Tear down can occur anytime after 4:30pm on June 7. We have built times into our conference schedule to encourage participants to visit exhibitor booths (i.e. "Dessert with the Vendors" on Tuesday 6/6 after lunch). We look forward to having you share your important services and resources with our attendees

Tables/Single Display spaces are \$175.00 Each for non-profits/government and \$275 for corporate/for-profit.

Register early as space is very limited! More info online at www.wvsioa.org
Exhibitors are welcome to partake in the refreshment breaks during the conference. All meals are on your own.

DEADLINE FOR EXHIBIT REGISTRATION IS MAY 23, 2017. PAYMENT MUST ACCOMPANY EXHIBIT REGISTRATION

REGISTER ONLINE HERE AND PAY ONLINE HERE OR YOU CAN MAIL FORM AND PAYMENT TO:

WVU School of Social Work, Attn: SIOA, P.O. Box 6830, Morgantown, WV 26506

NAME OF AGENCY/BUSIN	NESS/ORGANIZATION:				
Address:					
PHONE:	FAX:	EMAIL: _			
SERVICES PROVIDED:					
NAME(S) OF PERSONS A	TTENDING EXHIBIT:				
NUMBER OF TABLES/SPA	CES REQUESTED (tables/s	paces are 6 feet in length)	:		
DO YOU NEED ACCESS T	O ELECTRICITY? Yes 🗌 I	No 🗌			
SELECT PAYMENT METH	IOD:				
Personal Check/l	MONEY ORDER	AGENCY CHECK (check pa	yable to:	WVU)	
AGENCY PURCHAS	SE ORDER CREDIT	CARD (Type):Visa	Mas	terCard D	iscover
Card #:		Expiration Date: _	/	(month/year)	
IVC# (last three digits in s	signature block on back of ca	ard:			
Cardholder Name (as it a	ppears on card):				
Cardholder Billing Addres	s:				
Cardholder Phone #:	Card	dholder Email Address:			
Amount to be charged:	Cardholder's Sig	anature:			