

JOIN US for the COABE National Conference
at the Sheraton Phoenix

COABE

Coalition on Adult Basic Education

EXPANDING YOUR HORIZONS
AND SOARING TO NEW HEIGHTS

March 25-28, 2018 at the Sheraton
Phoenix Downtown Hotel



Find more details at www.coabe.org
888-44-COABE (888-442-6223) info@coabe.org

2018 National Conference

Presented by The Coalition on Adult Basic Education
in partnership with Arizona Association for Lifelong Learning

EXHIBITOR REGISTRATION FORM

REGISTER ONLINE OR BY MAIL

ONLINE: Visit www.coabe.org and click on the conference tab (preferred method of registration).

MAIL/FAX: Complete both pages of the registration form and mail to **COABE Conference, PO Box 620, Syracuse, NY 13206** or fax to 866-941-5129.

If you have any questions about the conference registration process, please call **1-888-442-6223** or e-mail your questions to exhibits@coabe.org.

EXHIBITOR REGISTRATION PROCESS

Please complete one registration form for your company.

STEP 1: Complete your registration information

STEP 2: Read Important Information

STEP 3: Select booth registration options

STEP 4: Calculate your fees

STEP 5: Make payment

Booths will be assigned by the Exhibits Chair, with priority given to vendors providing sponsorship and/or VIP vendor status, then based upon the chronological receipt of registrations.

STEP 1: EXHIBITOR REGISTRATION INFORMATION

Organization _____

Please indicate your organization's name as you would like it to appear on the conference program and on your booth.

Contact Name _____

Title/Position _____ Company Website _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Conference Registration Information for Name Badges

Name of booth staff receiving complimentary conference registration (2 per booth purchased)

#1 Name Email _____

#2 Name _____ Email _____

Names of additional booth staff (\$100 per additional booth staff—Limit 2 additional staff per booth)

#3 Name _____ Email _____

#4 Name _____ Email _____

STEP 2: IMPORTANT INFORMATION

Please check all that apply as this will impact placement in the exhibit hall and visibility throughout the conference:

We are providing a Door Prize. This would be specifically for the BINGO CARD to draw conference attendees into the exhibition area. Indicate the door prize _____

Our company is a COABE VIP Vendor

Registration must be paid in full by April 25, 2018, by check or credit card, to secure booth location. No refunds will be granted.

JOIN US for the COABE National Conference
at the Sheraton Phoenix

COABE

Coalition on Adult Basic Education
EXPANDING YOUR HORIZONS
AND SOARING TO NEW HEIGHTS
March 25-28, 2018 at the Sheraton
Phoenix Downtown Hotel



Find more details at www.coabe.org
888-44-COABE (888-442-6223) info@coabe.org

2018 National Conference

Presented by The Coalition on Adult Basic Education
in partnership with Arizona Association for Lifelong Learning

Questions? Contact us 9am-5pm EST
P: 1-888-442-6223 • F: 866-941-5129
E: info@coabe.org • www.coabe.org

EXHIBITOR REGISTRATION FORM (continued)

STEP 3: EXHIBITOR REGISTRATION OPTIONS

TABLE FEES

Single Table \$985

Additional Tables \$950 each

____ # of additional tables

Diamond Level Sponsor—No charge for 2 tables

Platinum Level Sponsor—No charge for 2 tables

Gold Level Sponsor—No charge for 1 table

Silver Level Sponsor

Additional Booth Staff \$100 each ____ # of
additional booth staff (as explained in Step 1)

Additional Booths for Corporate, Diamond, Plati-
num, or Gold level sponsors (please indicate the
number of additional tables required; rates
above apply for additional booths not covered
under sponsorship) _____

Special table needs:

ADVERTISEMENT INFORMATION

Premier Ad outside Ballroom	\$2,000.00 <input type="checkbox"/>	COABE App Ad	\$ 500.00 <input type="checkbox"/>
Premier Ad in the Main Halls	\$1,000.00 <input type="checkbox"/>	Website Ad	\$ 500.00 <input type="checkbox"/>
Full Page Ad (black & white)	\$ 600.00 <input type="checkbox"/>	Full Page Ad (color)	\$ 800.00 <input type="checkbox"/>
Half Page Ad (black & white)	\$ 300.00 <input type="checkbox"/>	Half Page Ad (color)	\$ 500.00 <input type="checkbox"/>
Quarter Page Ad (black & white)	\$ 150.00 <input type="checkbox"/>	Quarter Page Ad (color)	\$ 250.00 <input type="checkbox"/>

TICKETED EVENTS

Special ticketed event details will be coming soon. Please check our web-
site www.coabe.org/conference-2018 (after July 1, 2017).

For event meals please specify: Vegetarian Kosher Special Dietary
Restrictions: _____

STEP 4: CALCULATE YOUR FEES

Please calculate your total registration fees
based upon STEPS 1–3

COABE Membership \$45/yr \$ _____

Hard Copy of Program \$5/ea \$ _____

Table Fees \$ _____

Advertisements \$ _____

Ticketed Events \$ _____

Sponsorship \$ _____

Join as a VIP Vendor (\$1,000) \$ _____

Grand Total Amount:

Be sure to check the website often for confer-
ence updates at www.coabe.org/conference-2018.

*Pictures taken at the COABE conference may be used
on the COABE website and in marketing material*

STEP 5: COMPLETE YOUR PAYMENT INFORMATION

All fields, including billing address, must be completed in order to process your registra-
tion payment. Remember, if you are paying by check, please make payable to COABE.

GRAND TOTAL AMOUNT (from STEP 4) _____ PO# _____

Check (payable to COABE) Check # _____

Mail checks to: COABE Conference, PO Box 620, Syracuse, NY 13206

Credit Card: American Express Discover MasterCard VISA

Card Number _____ CSV # _____

Billing Address _____

Billing City/State/Zip _____

Telephone _____

Card Holder's E-mail _____

Name on Card _____

Cardholder Signature _____ Exp. Date _____