

ASSOCIATION OF INDEPENDENT CONSUMER CREDIT COUNSELING AGENCIES

Exhibitor Information

16th Annual Conference – July 15-17, 2009

J.W. Marriott

1331 Pennsylvania Avenue

Washington, D.C. 20004

Call 202-393-2000 and ask for the “AICCCA” block of rooms

\$279 run of the house, until June 23, 2009 or block is full, whichever occurs first



**In order to print the materials and signage and arrange space,
The Exhibitor Deadline to Register OR Cancel: June 15, 2009**

Exhibits will be in the same room as the Sessions

Wednesday, July 15, 2009

7:00 a.m.-9:15 a.m; 11:30-1:00 p.m.

Exhibitor Setup –Salon E

9:30 a.m.-11:30 a.m.

Pre-Sessions

1:00 p.m.-4:00 p.m.

Members’ Only Meeting (vendors not allowed in room at this time)

5:30 p.m.- 7:00 p.m

**Welcoming Reception-Capitol Foyer
(complimentary, vendors welcome)**

Thursday, July 16, 2009

7:30 a.m.-5:00 p.m.

Registration/Sessions –Salon E

7:45-8:45 a.m.

Continental Breakfast-Salon E

10:45-11:15 a.m.

Break-Exhibitor Hall-Salon E

12:00-1:00 p.m.

Luncheon (complimentary for vendors)-Garden Terrace

2:45-3:15 p.m.

Break-Exhibitor Hall-Salon E

5:15-10:00 p.m.

Nationals vs. Cubs Baseball Game and dinner at the ballpark (one person per vendor complimentary, additional people \$100 each). Bus transport to and from the game.

Friday, July 17, 2009

8:00-9:30 a.m.

Continental Breakfast-Exhibitor Hall-Salon E

8:30-9:30 a.m.

Exhibitor Forum- Salon E; Each exhibitor will have 5 minutes to give out prizes/awards and talk about your product/services. Attendees must be present to win any prizes!

9:30 a.m.-12:15 p.m.

Creditor Breakout Sessions (break in Exhibit Hall from 10:40-11:10)

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EXHIBITOR APPLICATION FORM

Producers of publications, software and other products directly related to the practice of consumer credit counseling are eligible to apply for permission to exhibit such products at the 2009 AICCCA Annual Conference to be held at the J.W. Marriott in Washington, D.C.

The AICCCA maintains the right to affiliate itself only with companies who represent the highest level of professionalism and service to its members. Because of the implied endorsement of any vendor or donor relationship, the AICCCA reserves the right to decline participation with any company the relevance of which is not apparent to its members or the quality of which is subject to question.

- **ELECTRICAL & PHONE: For telephone hookup** and other equipment arrangements contact Sara Warren directly at the hotel at 202-626-2690. AICCCA will provide a regular power source for each vendor.

IMPORTANT NOTE:

- **The exhibitor room holds 10 exhibitors only. First come, first served. Must have registration and payment into headquarters to reserve space. No telephone calls to hold space.**

EXHIBITOR APPLICATION

Please type:

Vendor:

Address:

City/St/Zip:

Telephone:

Facsimile:

Contact Person:

E-mail address:

Attendees Names for Name Tags:

Name & Description of Products to be Exhibited-This is the description that will be used on the website and other conference materials (please email description to assoc@aiccca.org):

IMPORTANT

REQUIRED-PLEASE LIST DIMENSIONS OF EXHIBIT BOOTH- Exhibits May NOT Be any longer than 10 feet due to limited space. One Eight Foot Table Will Be Provided for Each Exhibitor.

The above-named Vendor hereby applies to AICCCA for permission to exhibit the above-described products at the 2009 AICCCA Annual Conference. For each exhibitor, one complimentary dinner/baseball ticket is included, additional tickets may be purchased, as provided below.

_____ Exhibit space @ \$1,000 _____
(electrical, internet & other equipment needs other than 2 basic outlets,
must be arranged through the hotel)

_____ Additional attendees for Dinner/Baseball Ticket (Nationals vs. Cubs) @\$100 _____
(registration includes one complimentary ticket for each exhibitor)

EXHIBITORS – IF YOU WISH TO SPONSOR AN EVENT, PLEASE INDICATE BELOW.

The exhibitor’s name will be advertised as sponsoring the event.

Optional Sponsorship of refreshments for convention attendees:

_____ Convention break @ \$1,500 _____
_____ Continental breakfast @ \$2,500 _____

TOTAL AMOUNT DUE: \$ _____

Send completed registration form and check payable to AICCCA:

AICCCA
PMB 626, 11350 Random Hills Road
Suite 800
Fairfax, VA 22030

Tel: 703-934-6118
Fax: 703-802-0207
e-mail: assoc@aiccca.org
website: www.aiccca.org

Authorized Representative of Vendor
[signature] _____

Charge to the following account

(type or print clearly):

Card Type: (check one)

- Visa Master Card
 Discover American Express

Account # _____

Exp. Date: _____ Sec. Code: _____