



ASSOCIATION FOR THE STUDY OF AFRICAN AMERICAN LIFE AND HISTORY®

105TH ANNUAL ASALH CONFERENCE • SEPTEMBER 23-27, 2020
RENAISSANCE MONTGOMERY HOTEL & SPA • MONTGOMERY, ALABAMA
2020 BLACK HISTORY THEME: AFRICAN AMERICANS AND THE VOTE

EXHIBITOR AND ADVERTISER REGISTRATION FORM

EXHIBIT HALL HOURS:

Thursday 12 noon - 9:00 p.m., Friday 8 a.m. - 6:30 p.m., Saturday 8 a.m. - 5 p.m.

EXHIBIT SPACE ASSIGNMENTS:

Spaces Are Filled In Order Of Receipt Of Completed Applications And Full Payment

Early Bird Payment received before May 31, 2020	Pre-Registration Payment received June 1 - August 31, 2020	On-Site Registration* Payment received September 1 - After
<input type="checkbox"/> \$425 Qty. ____	<input type="checkbox"/> \$475 Qty. ____	<input type="checkbox"/> \$525 Qty. ____ <small>*Subject to availability</small>

Paid exhibitor space includes two (2) registrations for academic sessions only

ADVERTISEMENT OPTIONS

All Ads Must Be 300 dpi, Camera Ready CMYK or Grayscale
Submitted Electronically to: programads@asalh.org No Later Than **August 15, 2020**

Full Page Ad 7 1/2" x 10"	Half Page Ad 7 1/2" x 4 3/4"	Quarter Page Ad 3 1/2" x 4 3/4"	Corporate Ad Institutional 7 1/2" x 10" no sponsor benefits included	Note: There will be a charge of \$50 for all ads submitted non-camera ready. If you do not receive confirmation from ASALH that we've received your ad, email programads@asalh.org
<input type="checkbox"/> \$450 <input type="checkbox"/> \$375 Members Qty. ____	<input type="checkbox"/> \$300 <input type="checkbox"/> \$250 Members Qty. ____	<input type="checkbox"/> \$225 <input type="checkbox"/> \$175 Members Qty. ____	<input type="checkbox"/> \$1000 Full Page <input type="checkbox"/> \$500 Half Page Qty. ____	

EXHIBITORS AND ADVERTISERS: PLEASE TYPE OR PRINT CLEARLY

Prefix _____ First _____ M.I. _____ Last _____ Suffix _____

Company name _____

Address _____ City _____ State _____ Zip _____

Phone () _____ - _____ ext. _____ Evening () _____ - _____ Mobile () _____ - _____

Email _____ Goods/Services _____

FOR EXHIBITORS ONLY: I, (print name) _____, certify that I have read the Contracts and Liabilities Agreement
and agree to adhere to the terms and conditions outlined for this conference.

Signature _____ Date _____

Method of Payment: ☐ Check or Money Order ☐ Visa ☐ MasterCard ☐ AMEX CVV Code _____ ☐ Paid online at www.asalh.org

Total Amount \$ _____ Card number _____ Exp. Date ____/____/____

Card holder's name _____ Billing Address _____

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