## SSWR EXHIBITOR / ADVERTISER REGISTRATION FORM (PAGE 1 OF 2)

| nization name  | primary contact person name |                                       |                                 |  |
|--|-----------------------------|---------------------------------------|---------------------------------|--|
| ing address  |                             |                                       |                                 |  |
| state/province   |                             | zip/postal o                          | code                            | country  |
| il address   | telep                       | phone                                 |                                 | fax  |
| submitting this form you are giving SSWR permission to contact<br>red with other organizations, nor will they be included in any po  |                             |                                       | conference. Email addres        | sses will not be sold to or                            |
| uld you like to receive emailed announcements of future SSWR confe   | erences                     | s and activities? 〔                   | ☐ Yes ☐ No                      |  |
| <b>Statement &amp; Agreement:</b> From time to time, SSWR will spromotional materials. Unless this permission is revoked in writing their likeness in such materials.  | to SSW                      |                                       |                                 |  |
| gistering as: 🔲 Exhibitor 🔲 Advertiser 🔲 Exhibitor/Advertise   | er                          |                                       |                                 |  |
| ME OF EXHIBITING ORGANIZATION - Exact content of 7'  | "x 44"                      | identification si                     | gn for EXHIBIT BOOTH:           |  |
|  |                             |                                       |                                 |  |
| PARTMENT/ORGANIZATION WEBSITE:   |                             |                                       |                                 |  |
| EASE CIRCLE THE PRICE YOU ARE PAYING:  |                             |                                       |                                 |  |
|  |                             |                                       | <u> </u>                        | a de   |
|  | Qty                         | Registered by<br>Dec. 1, 2023         | Registration after Dec. 1, 2023 | Resear   |
|  |                             |                                       | If advertising space available  | by for Social Work and Research 28th Annual Conference |
| Exhibitor Only   |                             | \$1,250                               | \$1,550                         | al W   |
| Advertiser Only (Register must be received by Dec. 1, 2023)  |                             |                                       |                                 | Soci   |
| Full-Page 4-Color Inside Front or Back Cover (6" wide x 7" high)*+<br>Full-Page 4-Color Inside Book (6" wide x 7" high)*   | 1                           | \$3,750<br>\$1,750                    | \$2,050                         | ety for 28th.  |
| Exhibitor & Advertiser (Register must be received by Dec. 1, 2023)   |                             |                                       |                                 | Soci   |
| Exhibitor a havertiser (negister mast be received by bee. 1, 2025)   |                             | \$4,900                               | \$5,200                         |  |
| 1 Booth + Full-Page Color Inside Front or Back Cover*+   |                             |                                       |                                 |  |
|  |                             | \$2,800                               | \$3,100                         |  |
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Booth Preference (subject to availability): 1st Choice Booth #\_

2<sup>nd</sup> Choice Booth # \_ 3<sup>rd</sup> Choice Booth # \_\_

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Register online at www.sswr.org. Please add an additional \$15.00 processing fee if mailed or faxed.

| METHOD OF PAYMENT (Pre-Payment Required) Please print legibly: \$  | Total amount + \$25 processing fee paid  |
|--|--|
| Payment by: Credit Card Check (made payable to TRAVELINK, INC)   | Order (#)  |
| Credit Card Type: ☐ Master Card ☐ Visa ☐ American Express ☐ Discover   |  |
| Card # Expires   | / CVV:   |
| Name on Card Signature   |  |
| Billing Address:   Same as above   |  |
| Your Credit Card Statement will show a charge from Society for Social Work and Resea, Nash   | ville, TN (615) 367-4900.  |
| By your signature below, if requesting an exhibit booth, acknowledges your agreement v www.sswr.org, including the liability clause.   | vith the Exhibit and Advertiser Information located at   |
| Signature and Title of Person Completing Form:   |  |
| SSWR Anti-Harassment Policy and Code of Ethics and Procedures Review of Member Con   | duct   |
| SSWR's anti-harassment policy and code of ethics and procedures for review of member conduction about-sswr/sswr-anti%e2%80%91harassment-policy/. I acknowledge that I have received, real and code of ethics of the Society for Social Work and Research (SSWR).  Agree  |  |
| SSWR Acknowledgement of Personal Responsibility, Waiver, and Assumption of Risk for 2  | 2024 Conference Participants   |
| I acknowledge that SSWR cannot guarantee that I will not be exposed to or contract COVID-as a result of or in connection with my participation in the conference, and that exposure to omissions of SSWR, the Marriott Marquis Washington, DC Hotel, or others who may attend on the conference of the confe | COVID-19 may result from the negligent actions or  |
| I understand the risk that I may be exposed to or infected by COVID-19 by attending or trave   | eling to the conference.   |
| I knowingly and freely assume all risks, both known and unknown, related to exposure to or conference and assume full personal responsibility for any such exposure and any resulting disability, and death), illness, damage, loss, claim, or expense, of any kind, that I may experie infection by COVID-19.   | injury (including, but not limited to, personal injury,  |
| I forever release, promise not to sue, discharge, and hold harmless SSWR, the Marriott Marquetrustees, directors, officers, staff, and contractors (collectively the "SSWR Parties" and each a tions, damages, costs, or expenses of any kind arising out of or relating to exposure to or infedirectly or indirectly, now or in the future, including any exposure or infection resulting from  | "SSWR Party") from any and all liabilities, claims, ac-<br>ection by COVID-19 at the conference, whether arising |
| I agree to abide by all COVID-19-related requirements, advisories, orders, policies, procedure Marriott Marquis Washington, DC Hotel, the government of Washington, DC and the District Prevention (CDC), and any other partner organization or governmental authority for the dur   | t of Columbia, the Centers for Disease Control and   |
| * I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AN WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.   | D FREELY AND KNOWINGLY ASSUME THE RISK AND   |
|  |  |
| Print Name   | Date   |



