

Dear Colleagues,

We cordially invite you to participate in The Help Group SUMMIT 2010, scheduled for **Friday, October 1st and Saturday, October 2nd** (half day), at The Skirball Cultural Center, 2701 N. Sepulveda Blvd., Los Angeles. Exhibit tables are available both days. Our Summit will focus on neurodevelopmental disabilities including autism, Asperger's Disorder, learning disabilities and attention deficit hyperactivity disorders. The numbers of children identified with neurodevelopmental disabilities continues to escalate and we believe that it is of paramount importance to present the most state-of-the-art information available in the areas of early detection, diagnosis and intervention.

This conference will feature nationally recognized leaders throughout the field and will be attended by more than 500 professionals and parents. This is an ideal forum in which to share information regarding your organization

The following pages contain Exhibitor Information and the Registration Form. Should you have any questions please contact me at 818.779.5212, fax 818.781.2018 or email craver@thehelpgroup.org.

We look forward to you joining us at The Help Group SUMMIT 2010.

Sincerely,



Cheryl Raver
Director of Special Events & Community Affairs

The Help Group SUMMIT 2010

Advances and Best Practices in
AUTISM · LEARNING DISABILITIES · ADHD

Friday, October 1st & Saturday, October 2nd
The Skirball Cultural Center, Los Angeles

EXHIBITOR REGISTRATION FORM

Exhibit Hours

Friday, October 1st 7am – 5:30pm ■ Saturday, October 2nd 8am - 12:30 pm

Fees

\$400 by September 3rd ■ \$450 after September 3rd ■ \$100 for each additional table

Booth Size

6' Draped and Skirted table with 2 chairs

Company _____ Product/Service _____

Contact Person(s) _____ Title _____

Mailing Address _____

City _____ State _____ Zip _____

Phone () _____ Cell () _____ Fax () _____

E-Mail _____ Number of booths reserved _____

Method of Payment Check (payable to The Help Group) Money Order AMEX Visa MasterCard

Credit Card # _____ Exp. Date ___/___/___ Sec. Code _____

Cardholder Name _____ Signature _____

Billing Address _____ City _____ State ___ Zip _____

Do you plan to sell products in the exhibit area? Yes No

If yes, exhibitor takes responsibility for securing vendor license and collecting all applicable local/state taxes.

Deposit, Payment & Cancellation: Only full payment will secure the exhibitor space, required upon booking space. No exhibitor will be permitted to erect a display until space rental is paid in full. A full refund will be paid only if notification of cancellation is made before 9.25.09. Cancellation notifications received after 9.25.09, only 50% of the total amount paid will be refunded.

I agree to pay 100% of the total fee with submission of this application.

Signature _____ Date _____

Please contact us via telephone or email to reserve your space. Fax credit card payments to 818.781.2018.

Mail check or money order along with this registration form to:

The Help Group SUMMIT 2010 ■ Attn: Cheryl Raver ■ 13130 Burbank Blvd. ■ Sherman Oaks, CA 91401