



Speech-Language-Hearing Association of Virginia, Inc.

3126 W. Carey Street, #436

Richmond, VA 23221

Phone 888-729-7428 Fax 888-729-3489

Dear Colleagues:

Welcome to the 2012 Speech-Language Hearing Association of Virginia Annual Conference at the Sheraton Premiere at Tysons Corner, Vienna, Virginia, March 15-17, 2012.

Our dynamic and creative program is expected to draw more than 650 speech-language pathologists and audiologists. The conference registrants represent a wide variety of service delivery settings and professional involvement with all age-ranges and types of communication and hearing disorders.

School Recruitment Hours

Thursday, March 15 7:30 am – 5:30 pm

Friday, March 16 7:30 am – 2:30 pm

School Recruitment Cost

Participation in the School Recruitment will provide you with an opportunity to interact with potential individuals for your school. Recruitment participants will be provided with one skirted table and signage. The cost of this opportunity is \$150. (Please note the placement of tables will be either inside or directly outside the Exhibit Hall.)

To participate in this School Recruitment Program, please complete the enclosed School Recruitment Response Form and return with payment to the SHAV Office no later than February 24, 2012.

If you are interested in additional marketing, visibility or other exhibitor opportunities, please contact the SHAV Office at 888-729-7428 or shavoffice@shav.org

Sincerely,

Liz Thomas

Liz Thomas
SHAV Exhibitor Coordinator

Speech-Language-Hearing Association Of Virginia
Recruiting Dates: March 15-16, 2012

Sheraton Premiere at Tysons Corner
Vienna, Virginia

SCHOOL RECRUITMENT RESPONSE FORM

The undersigned hereby applies for recruitment space at the SHAV Annual Conference subject to acceptance by SHAV.

PLEASE PRINT OR TYPE

SCHOOL: _____
(as to be printed on signage)

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____

NAME(S) FOR RECRUITER BADGE: _____

Method of Payment:

Enclose check payable to "SHAV" or complete account information for credit card below.

Check Visa Master Card

Credit Card Account #: _____ Exp ____/____

Signature: _____

Payment in the amount of \$ _____ enclosed (\$150 per recruitment table)

Please forward completed forms with payment by to:

SHAV OFFICE
3126 W. Cary Street, #436
Richmond, VA 23221
Fax: 888-729-3489

Questions: Contact the SHAV Office at 888-729-7428 or shavoffice@shav.org