



Speech-Language-Hearing Association of Virginia, Inc.

3126 W. Carey Street, #436
Richmond, VA 23221
Phone 888-729-7429 Fax 888-729-3489

Dear Colleagues:

Welcome to the 2010 Speech-Language Hearing Association of Virginia Annual Conference at the Renaissance Portsmouth Hotel, Portsmouth, Virginia, March 25-26, 2010.

Our dynamic and creative program is expected to draw more than 600 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

Renaissance Portsmouth Hotel

Thursday, March 25 7:30 am – 4:30 pm

Friday, March 26 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 Exhibitor Hall.)

To participate in this School Recruitment Program, please complete the enclosed Recruiter Response Form and return with payment to the SHAV Office no later than February 26, 2010.

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,

Suzy Buckshaw

Suzy Buckshaw
SHAV Account Manager

**SPEECH-LANGUAGE-HEARING ASSOCIATION OF VIRGINIA
RECRUITING DATES MARCH 25-26, 2010**

**RENAISSANCE PORTSMOUTH HOTEL,
PORTSMOUTH, VA**

SCHOOL RECRUITER RESPONSE SHEET

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

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
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Richmond, VA 23221
Fax: 888-729-3489

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