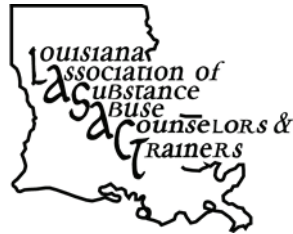


EXHIBITOR PACKET

LASACT '19

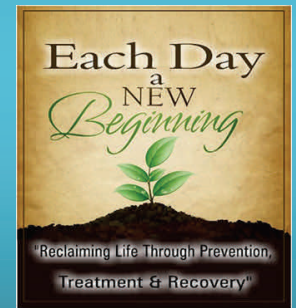
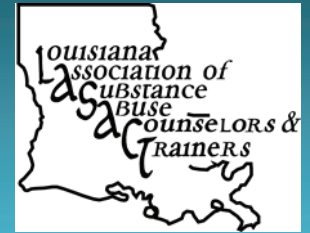


This is the **Exhibitor packet** for the LASACT annual Conference in 2019.

July 28 - 31, 2019

Crowne Plaza Hotel

Baton Rouge, LA



LASACT 2019
July 28th - July 31st
CROWNE PLAZA HOTEL
BATON ROUGE, LOUISIANA

Please note the following important information: All advertisements must be submitted in a JPG or high resolution PDF file by June 1, 2019 in order to ensure inclusion in the Conference program booklet.

LASACT

P.O. Box 80235

Baton Rouge, LA 70898-0235

Phone: 225.766.2992

Fax: 225.766.8552

Email: admin@lasact.org

Web page: ww.lasact.net

*Serving Louisiana's Addiction Professionals and Providers
for 43 years*



We sincerely appreciate your generosity in supporting this Conference and its mission.



LASACT '19

July 28 - 31, 2019 - Crowne Plaza Hotel - Baton Rouge, LA

Theme: Each Day A New Beginning: "Reclaiming Life Through Prevention, Treatment, and Recovery"

Exhibitor Information / Application



Exhibitor Name: _____

Mailing Address _____

Street/P.O. Box

City

State

Zip

Contact Person _____

Phone Number: _____ Fax _____ email _____

Electrical Power Needed: ___ Yes ___ No - **An additional charge of \$75 applies.**

EXHIBITOR PACKAGE: \$700 + one door Prize provided to LASACT upon check-in.

Package includes: Skirted table, 2 chairs, One Conference Registration; Electrical power is available upon REQUEST ONLY and with additional \$75 fee paid.

Name of person registering for **free** Conference _____

Complete attached Conference Registration Form for that individual, and submit with this Form.

Does that individual need Continuing Education Hours credits? ___ Yes ___ No

If paying by credit card, please fill in the following information. Convenience fee of 3% of total fee applies.

Credit Card Type & #: _____ Expiration Date _____

Security Code _____ Billing Zip Code _____

Print Name on Card _____

We agree to comply with the rules and regulations which are hereby made a part of this Exhibitor Application and attached Exhibitor Contract and to the conditions under which exhibit space at the Conference Hotel is leased to LASACT 2019.

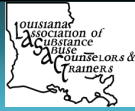
Signature of responsible party _____ Date

Print Name of Responsible Party _____

Return **BOTH** this Application and Contract with check or credit card information to:

LASACT - P.O. Box 80235 - Baton Rouge, LA 70898-0235

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Exhibitor Information

APPLICATION DEADLINE: To be assured of inclusion in the Conference Program Booklet, application must be submitted by June 1, 2019.

EXHIBITOR REGISTRATION: Starts at 10:30 on Sunday, the registered Exhibitor representatives should check in at the LASACT Registration Desk, where they will turn in their donated door prize and receive their packet and exhibit location assignment.

ACCEPTANCE OF EXHIBITS: LASACT reserves the right to refuse or revoke, at any time and without prior notice, exhibit space to any person or company. LASACT shall have the sole right and authority to approve the tone, general content, and subject matter of exhibits for appropriateness to attendees.

ASSIGNMENT OF EXHIBIT SPACE: Space is limited. **Exhibit spaces and location will be assigned by LASACT.** At its sole discretion and in the best interest of the Conference, LASACT may alter the location of exhibit spaces.

AUDIO VISUAL EQUIPMENT: Exhibitors are responsible for supplying any and all audio-visual equipment necessary for their Exhibits, including extension cords, video machines, etc. Electrical power is available for a fee of \$75. Please indicate on application form if needed.

SET UP TIME: Exhibit set up time starts at 10:30 on Sunday. All vendors will be on the same floor as the general and breakout sessions. Exhibitors needing any type of special arrangements should email their request to the LASACT office at admin@lasact.org by June 1, 2019.

DOOR PRIZES: Each Exhibitor will provide a door prize to LASACT upon check-in at the Conference. LASACT will award these door prizes during the Conference and acknowledge each Exhibitor's contribution. In addition, Exhibitors are strongly encouraged to provide a door prize at their exhibits as an incentive for Conference participants to visit. Awarding of Exhibitor door prizes may be handled by Exhibitors as they see fit. However, we encourage Exhibitors to have a registration system from which to draw names.

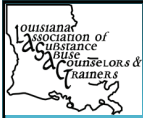
LIABILITY: Neither the Conference Hotel nor LASACT 2019 can or will be held responsible for damage to, or for loss or theft of property belonging to, or injury to, any Exhibitor, his agent, employees, business invitees, visitors, or guests. Each Exhibitor is expected to carry his/her own appropriate insurance.

Print name of Responsible Party

Signature of Responsible Party

Date

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Exhibitor Information



Print Exhibitor's Name: _____

In order to prepare badges LASACT needs the names of all additional persons who will **ONLY** be staffing your Exhibit booth and **NOT** attending the Conference for credit.

Please Print Names and Titles below

Name Title

Name Title

Name Title

Name Title

Name Title

Number of banquet guests at \$35 each: _____

Signature of Responsible Party _____

Date _____

Agency/Organization

We sincerely appreciate your generosity in supporting this Conference and its mission.

LASACT '19 – Conference Early Bird Registration Form

Early Bird Rates Apply Through June 24, 2019

Print Name: _____ Need continuing education hours? Yes No
 Type: _____ ADRA: _____ Soc Wk: _____ LPC

Address: _____ City: _____ State _____ zip _____

* Email: _____ Phones: W: _____ C: _____

***Required**

Employer: _____

Sponsor Exhibitor Presenter Organizational Member Betty Breen Scholarship Other

LASACT may provide my name and email address to Conference sponsors Yes No

Early Bird Rates apply until June 24 - Regular Rates Apply from June 25 to Conference
Slightly higher On Site Rates apply at Conference

Registration Rates: (includes Tuesday Banquet)

Check date for which registering and amount due:	Members	Non-Mem	Full time Retired or Student Mem*
One Conference day only @ Early Bird Rate	<input type="checkbox"/> \$170	<input type="checkbox"/> \$255	<input type="checkbox"/> \$130
One Conference day only @ Regular Rate	<input type="checkbox"/> \$195	<input type="checkbox"/> \$320	<input type="checkbox"/> \$150
Check day you plan to attend: <input type="checkbox"/> Sunday July 28 <input type="checkbox"/> Monday July 29 <input type="checkbox"/> Tuesday July 30 <input type="checkbox"/> Wednesday July 31			
<u>Two Conference days only @ Early Bird Rate</u>	<input type="checkbox"/> \$225	<input type="checkbox"/> \$305	<input type="checkbox"/> \$165
Two Conference day only @ Regular Rate	<input type="checkbox"/> \$275	<input type="checkbox"/> \$330	<input type="checkbox"/> \$185
Check two days you plan to attend: <input type="checkbox"/> Sunday July 28 <input type="checkbox"/> Monday July 29 <input type="checkbox"/> Tuesday July 30 <input type="checkbox"/> Wednesday July 31			
<u>Full Conference @ Early Bird Rate</u>	<input type="checkbox"/> \$270	<input type="checkbox"/> \$385	<input type="checkbox"/> \$190
Full Conference at Regular Rate	<input type="checkbox"/> \$315	<input type="checkbox"/> \$425	<input type="checkbox"/> \$220

Add \$35 for each guest you bring to the banquet.

***Students must be currently enrolled in LASACT's Addiction Counselor Training Program (LACT) OR document current full time enrollment as university student. Copy of University Student ID required with Registration Form. Full time Student member/non-member rates also apply to full time retired Addiction Professionals & current LACT students.**

Current and prospective CIT's may apply for Betty Breen Scholarship funds to attend Conference
Download Application Form from web page: www.lasact.org under the "Education" tab.
Scholarship Application Deadline: June 15, 2019 – No Exceptions on deadline date.

Payment must accompany each registration

Registration Fees Include Conference Banquet ♦ Add \$35 for each additional Banquet Guest

Amount Due:

Registration Fee	\$	
____ ADDITIONAL Banquet Guest(s) @ \$35 each	\$	
Total Due	\$	

Mail Checks or money orders payable to LASACT '19 to: LASACT- P.O. Box 80235 - Baton Rouge, LA 70898
 Registration Form **MUST** be mailed to above address; faxed to 225.766.8552; or emailed to admin@lasact.org.
 Register and Pay online with Pay Pal at www.lasact.org.

Card Type & Number _____ Exp. Date _____ Billing Zip _____
 Security Code: _____ Signature: _____
 Print Name on card _____

REGISTRATION FEES ARE NOT REFUNDABLE - SUBSTITUTIONS MAY BE MADE AT ANY TIME.