



Phone: 512-454-0022

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7801 N. Lamar Blvd., Suite D-89, Austin, Texas 78752-1038

33rd ANNUAL RSA SCIENTIFIC MEETING EXHIBITOR'S INFORMATION

The RSA invites you to exhibit at our meeting in San Antonio. Our registration will consist of approximately 1500 scientists working in the alcohol research field from the US and a variety of other countries. The fact that these RSA members and non-members are at the meeting indicates that they are active, funded scientists. Their research runs the gamut from animal and human models to community studies and to better understanding the positive and negative consequences of alcohol use.

We have a limited number of exhibit spaces for \$700 (space arrangement varies according to the hotel, we allow exhibitors to re-arrange their area as space allows). If internet access, telephone or electrical outlets are needed at your exhibit, there may be an additional charge. Your exact needs should be indicated on the exhibitor's prospectus – see below. Please return the signed prospectus and non-refundable deposit by March 1, 2010.

Exhibitors will be provided space in the final meeting program to place an advertisement. The ad should be sent electronically by April 1st. The black/white ad size will be approximately 3.5" x 3.5".

The preliminary program, with meeting registration and hotel information, will be available online in early March. If you have any questions please contact Debby at debbyrsa@sbcglobal.net or (512) 454-0022.

Sincerely,

A handwritten signature in cursive script that reads 'Debra Sharp'.

Debra Sharp
RSA Director

EXHIBITOR'S PROSPECTUS BELOW
EXHIBITOR SPACE IS LIMITED AND WILL BE AVAILABLE
ON A FIRST-COME FIRST-SERVE BASIS.
CONFIRM YOUR SPACE AS EARLY AS POSSIBLE.

RSA ~ ~ 2010 EXHIBITOR'S PROSPECTUS

EXHIBITOR: **Please fill out completely.**

COMPANY NAME:

ADDRESS:

CITY:

STATE/COUNTRY:

ZIP CODE:

CONTACT PERSON:

PHONE:

E-MAIL:

MEETING DATES: June 26-30, 2010

MEETING LOCATION: Grand Hyatt San Antonio – 600 E. Market Place, San Antonio, TX 78205
210-224-1234

MEETING CONTACT: Debra Sharp, RSA Director 512-454-0022 ~ fax: 512-454-0812
e-mail: debbyrsa@sbcglobal.net website: www.RSoA.org

EXHIBIT HOURS: Set-up on the morning of June 26 or 27 and take-down early afternoon on Wednesday, June 30. There are no set hours - most traffic will be during coffee breaks, lunch hours and poster sessions. The preliminary program will be available in March.

LOCATION OF EXHIBITS: Exhibits will be located as close to Poster Sessions/coffee break areas/registrant traffic as hotel space allows.

COST: **\$700.00 = \$100 non-refundable deposit to be paid by March 1st**
\$600 balance (and advertisement) should be received by April 1st
(1 full registration [sessions, Reception, Banquet, Breakfasts] is included)
Payment can be made by check, purchase order or credit card
(Visa, Mastercard or Discover) – for credit card see form below
EXHIBITOR will be responsible for their own shipping/receiving costs,
including any hotel fees for these services.

☛ **WILL YOU HAVE AN ADVERTISEMENT (31/2" x 31/2") TO BE PRINTED IN THE FINAL PROGRAM?:** YES NO

☛ **WILL YOU NEED AN ELECTRICAL OUTLET?:** YES NO
(An extra charge is possible)

☛ **WILL YOU NEED A PHONE AT YOUR EXHIBIT?:** YES NO
(Additional charges will apply - to be paid directly to the hotel.)

☛ **WILL YOU NEED WIRELESS INTERNET ACCESS (\$250 PER DAY - tentative)?:** YES NO

☛ **MISCELLANEOUS NEEDS/COMMENTS:**

An exhibition at our annual meeting in no way implies that RSA is endorsing any products, ideas or concepts of the exhibitors. **Nor is RSA responsible / liable for materials displayed or handed out at the meeting by exhibitors.** The exhibitor's fee includes one full registration; additional registrations can be purchased at the RSA Member's rate. Please sign and return a copy, plus \$100 deposit, to RSA by March 1, 2010.

Debra Sharp _____ 10/09
Exhibitor's Signature Date

Debra Sharp, RSA Director Date



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CREDIT CARD PAYMENT FORM – RSA 2010 MEETING EXHIBITOR

TYPE OF CARD (Visa, Mastercard or Discover):

NAME ON CARD:

BILLING ADDRESS (Street number and zip code required):

CARD NUMBER:

EXPIRATION DATE:

AMOUNT: \$700