

EXHIBITOR RESERVATION Exhibit Space / Sponsorship Request

April 1-2, 2010

7TH ANNUAL Department of Foreign Languages, College of Liberal Arts & Social Sciences, Georgia Southern University



SECCLL



The Southeast Coastal Conference on Languages & Literatures is designed to promote the language, literature, culture, pedagogy, and film in Spanish, Classics, and East Asian. The conference seeks to establish and maintain an ongoing dialogue between colleges and universities in the southeastern region of the United States.

Organization Name _____

Name of Representative _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell Phone _____

FAX Number _____

E-mail Address _____
(Required for E-mail receipt)

Item(s) to be displayed _____

Electrical Outlet requested? YES NO

Sponsored by Georgia Southern's Department of Foreign Languages, this conference draws between 100-150 teachers of Spanish, French, Classics, and East Asian from Alabama, Georgia, Florida, Tennessee, North and South Carolina, Virginia, and West Virginia. The audience is composed of foreign language and classics teachers from four and two-year colleges, and technical schools, as well as graduate students.

Exhibitors will be set up in the Atrium of Nessmith-Lane Continuing Education Building. All conference participants will be passing by the exhibit tables during registration, continental breakfast, session breaks, keynote luncheon and beverage breaks.

Set-up may begin at 8:00 am on April 1. Tear down may begin at 10:00 am on April 2.

Other arrangements may be made by contacting:

Janice Reynolds at 912.871.1755
janreyn@georgiasouthern.edu

EXHIBITOR FEES	
\$100.00 for one table	
\$50.00 for each additional table	
SPONSORSHIP FEES <i>(Sponsors will receive two exhibit tables free of charge)</i>	
\$500.00 Continental Breakfast	
\$1,000.00 Keynote Luncheon	
\$500.00 Reception	
\$250.00 Beverage Break	
<i>Make check payable to Georgia Southern University</i> TOTAL ENCLOSED →	

PAYMENT METHOD

- Personal check Company check
 Cash (in person only)
 VISA Mastercard personal corporate

Account Number _____ Expiration Date _____

Cardholder's Name _____

FAX FORM TO:
912.681.0847

MAIL FORM TO:
SECCLL EXHIBITION REGISTRATION
GEORGIA SOUTHERN UNIVERSITY
P.O. BOX 8124
STATESBORO, GA 30460-8124

<http://ceps.georgiasouthern.edu/conted/seccll.html>