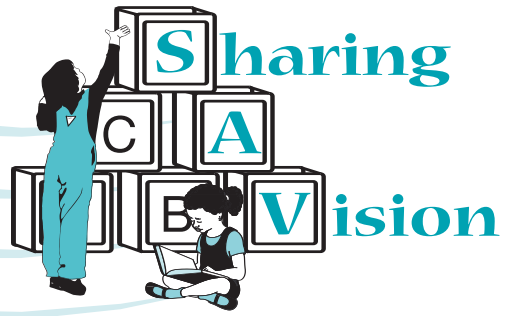


*Your
Invitation
to Exhibit!*



You are invited to exhibit at the 10th
Sharing A Vision
Conference

“MANY HANDS, ONE VISION”

October 17-19, 2007

Crowne Plaza Hotel

Springfield, Illinois

“Sharing a Vision” Contact:

Ms. Susan Ferry

SAV Conference Coordinator

Voice: 217/824-4776 • Fax: 217/824-6819

Email: sharingavision@aol.com

Website: www.sharingavision.org



About SAV-



Who are we?

Sharing A Vision (SAV) is Illinois' statewide **Early Childhood Conference**, organized by volunteers representing agencies and organizations from across the state. SAV is coordinated by the Illinois Subdivision of the Division for Early Childhood of the Council for Exceptional Children (IDEC), a not-for-profit organization serving families of children with disabilities and professionals who work with them. SAV collaborators include the Illinois State Board of Education (*StarNet, Project CHOICES, Division of Early Childhood Education*); Illinois Department of Human Services (*Bureau of Early Intervention and Bureau of Child Care and Development, Illinois Network of Child Care Resource and Referral Agencies, and Hearing and Vision Connections*) Head Start; and Sauk Valley Community College.

What do we do?

SAV is the premiere professional development conference for **early childhood** and **early childhood special education** in Illinois. The first SAV conference was held in 1991 in Oak Brook. This collective effort of numerous agencies and organizations across Illinois has resulted in an event offering inspiring keynote and general sessions; state-of-the-art, in-depth workshop sessions on a wide variety of topics; poster sessions; facilitated "hot topic" discussions; networking and information sharing opportunities; and exhibits by local and national vendors.

Who attends SAV?

The conference attracts a diverse group of attendees, which includes:

| | | |
|---|--------------------------------------|---|
| ISBE Early childhood block grant personnel | Early childhood special educators | Related services professional staff |
| Child care providers | Early intervention specialists | School Psychologists |
| Developmental therapists | State agency personnel | School Social Workers |
| Directors and administrators | Head Start personnel | Speech Language Pathologists |
| Early childhood and early intervention trainers | Occupational and Physical therapists | University and college faculty and students |
| Early childhood educators | Parents and families | |

Participants come from all over the state of Illinois as well as Indiana, Iowa, Wisconsin, and Missouri.

SAV 2005 by the numbers

| | |
|-------------|--|
| 1400 | Attendees participated in the conference held at the Doubletree Hotel in Oak Brook |
| 90 | Workshops and sessions that featured internationally renowned presenters |
| 18 | State-based programs that showcased their uniquely innovative programs and ideas |
| 115 | Volunteers who shared their time and talent to make SAV happen |

Exhibiting at the conference will provide you with a unique opportunity to communicate with the people who need to hear about your company/organization's products and services. Our conference attendees look forward to seeing new products and meeting representatives from a variety of product and service vendors. Our attendees like to SHOP!!!

Don't miss this chance, be an exhibitor at the 2007 SAV Conference!

Application/Contract for Exhibit Space

Sharing A Vision Conference *Many Hands, One Vision*

10th Illinois Division for Early Childhood Conference
October 17-19, 2007 • Crowne Plaza Hotel, Springfield, IL
Exhibit Show Dates: October 17-19, 2007

Please complete this exhibitor registration and return with full payment.
Please reserve by September 1, 2007



• Company Information to be Shown in Conference Guide and on Booth Sign

Company/Organization _____

(As it will be printed in the Conference Guide and Sign)

Contact Person _____

Address _____

City _____ State _____ Zip _____

Voice No. _____ Fax _____

Email _____

Web Address _____

Name of Authorizing Representative _____

Signature of Authorizing Representative _____

(Required)

• Exhibitor Kit/Confirming Information Mailed to: (if different from above)

Contact Person _____

Address _____

City _____ State _____ Zip _____

• Description of Product or Service:

• Payment

Payment Total: \$ _____

Check (made payable to IDEC) Check #: _____

Credit Card: Mastercard Visa

Account #: _____ Exp. _____

Cardholder Name _____

Authorized Signature _____

Exhibit booth includes a 10' x 8' booth with table and two chairs, a listing in the program and 2 box lunches on Thursday and Friday

Commercial Booth Exhibit Space

\$375.00

Reserve ____ (number of) exhibit space(s)

\$ _____

Not-for-profit Booth Exhibit Space

\$200.00

Reserve ____ (number of) exhibit space(s)

\$ _____

Conference Catalog Table

\$100.00

Catalogs displayed at designated table in exhibit area.

Reserve ____ (number of) table(s)

\$ _____

Program Advertisement

Quarter Page \$75

Half Page \$125

Full Page \$250

Conference Booklet Deadline: August 27, 2007.

\$ _____

TOTAL \$ _____

In accordance with the rules and regulations covering the exhibit to be held in connection with the 10th Sharing a Vision Conference, the undersign hereby makes application for exhibit space. The agreement is subject to all the terms and conditions stated on the invitation and made a part thereof.

Return application along with check (if applicable) made payable to:

IDEC • Sharing a Vision Conference
Susan Ferry, Conference Coordinator
3705 Lincoln Trail • Taylorville, IL 62568

Voice: 217/824-4776
Fax: 217/824-6819
Email: sharingavision@aol.com

Official Use Only

Booth Assignment: _____

Date Received: _____

Date Processed: _____



Exhibitor Information

INSTALLATION

Wednesday, October 17, 2007
12:00 noon – 4:00 pm

EXHIBIT HOURS

Wednesday, October 17
Reception and Opening of Exhibits: 4:00 pm – 6:00 pm
Thursday, October 18: 7:30 am – 4:30 pm
Friday, October 19: 7:30 am – 1:30 pm

HOTEL SLEEPING ROOM RESERVATIONS

Exhibitors are responsible for their own hotel registration and room costs.

Crowne Plaza Hotel
3000 South Dirksen Parkway
Springfield, IL 62703
217/529-7777
www.cpspringfield.crowneplaza.com

SPACE ASSIGNMENTS

2007 Exhibitor's space requests will be assigned in accordance with the date the application is received. Consideration will be given to products and services offered.

INCLUDED IN THE BOOTH PRICE

Booth backdrop, 6' x 2' table and 2 folding chairs, standard booth sign with name of exhibitor and booth number, general overhead lighting, publicity in the conference program. Security will be provided Wednesday and Thursday evening after exhibit hours.

ADDITIONAL SERVICES

Electrical service, supplemental furnishing and other special arrangements can be made by contacting Excel Decorators, Inc. at 217-528-4024 or FAX 217-628-4026.

RETURN APPLICATION TO:

"Sharing A Vision" Conference
Susan Ferry, Conference Coordinator
3705 Lincoln Trail, Taylorville, IL 62568
Voice: 217/824-4776 Fax: 217/824-6819
Email: sharingavision@aol.com
www.sharingavision.org

QUESTIONS?

Contact Susan Ferry, Conference Coordinator
217/824-4776 or sharingavision@aol.com

SPACE IS LIMITED, ACT TODAY!