


25th Annual Meeting
October 8-9, 2009
Manchester Grand Hyatt
San Diego, California

6300 N. River Road, Suite 727
Rosemont, IL 60018
Phone: 847 698-1631
Website: www.ota.org

2009 OTA Career Fair
Commitment Form

Registration

You are welcome to participate in the 2009 Annual Meeting Career Fair. Registration costs are as follows for this three day event:

- No charge to OTA Members
- \$100 to current advertisers on the OTA website
- \$200 for all others

Should you decide to attend the Annual Meeting in its entirety, you will need to register for the meeting.

Set up

Set up may take place between 9:00 am – 2:00 pm on Thursday, October 8th. Please go directly to the Douglas Pavilion. Career Fair will be in exhibit hall with company exhibitors. Tables can be selected on a first come first serve basis.

Shipping

Shipping details will be sent by September 1st.

Sponsored by the
OTA Fellowship
Committee

Manchester Grand Hyatt - Douglas Pavilion

Thursday, October 8, 2009

3:00 p.m. – 5:00 p.m.

Friday, October 9, 2009

9:30 a.m. – 5:00 p.m.

Saturday, October 10, 2009

9:30 a.m. – 1:30 p.m.

Name of Company: _____

Address: _____

City State Zip Code

Contact Name: _____ Title _____

Phone: _____

Email address: _____

Accepted forms of payment: Check _____ MasterCard _____ Visa _____

Card Number: _____ Exp. Date: _____

Name of Cardholder: _____

By completing this form I agree to attend the OTA 2009 Career Fair. I understand that as a career fair exhibitor, I assume responsibility and agree to indemnify and defend OTA and The Manchester Grand Hyatt and their respective employees and agents against any claims or expenses arising out of the use of the exhibition premises. I understand that neither OTA nor The Manchester Grand Hyatt maintains insurance covering the Exhibitor's property, and it is the sole responsibility of the Exhibitor to obtain such insurance.

Exhibitors shall indemnify and hold harmless The Manchester Grand Hyatt and the OTA and its servicing agents from all liability (damage or accident - which might ensue from any cause resulting or connected with transportation, placing, removal, or display of exhibits).

Exhibitor Signature: _____

Date: _____

RETURN FORM TO DARLENE MEYER FAX: 847-823-0536