New Jersey Association of the Deaf, Inc.

An Advocacy and Service Organization

Exhibitor Registration Form

29th Biennial State Conference
Stockton University, 101 Vera King Farris Drive, Galloway, NJ 08205
Saturday, October 25, 2025

EXHIBITOR INFORMATION					
Full Name (managing booth):					
Mailing Address:					
City:		State:		Zip Code:	
Email:					
Phone:					
Specify product(s) to be exhibited:					

NOTE: Exhibitor badge does not constitute Conference Registration. Exhibitors will not be able to access Conference events or workshops unless registered for the Conference. Exhibitors must bring their own extension cords if needed.

PAYMENT METHOD EXHIBIT SPACE FEE *includes lunch	$25 by check or CashApp/Venmo/Paypal $30 by debit/credit card	**NJAD** **Attn: Exhibit** **PO Box 132** **Edgewater, NJ 07020**
To guarantee participation in the 29th Biennial Conference, with full payment must be received no later than **October 20, 2025** Make a check payable to **NJAD** or visit www.deafnjad.org/29stateconference to make online payment.		

YOUR RESPONSIBILITY
You understand that as an exhibitor, you assume, on behalf of your organization, full responsibility for all losses, damages, and claims, both personal and contractual, arising from the displays, equipment and property brought on the hotel and/or college premises.

Advertiser Agreement

Only publication of an advertisement shall constitute final acceptance of the advertiser's order. Advertiser and advertising agency will indemnify will and hold harmless the NJ Association of the Deaf (NJAD) its officers, for all contents supplied to the publisher, including representations and illustrations of advertisements printed, and for any claims arising from contents including, but not limited to defamation, invasion of privacy, copy-right infringement, or plagiarism.

Initials: _____

Exhibitor Signature: _____ **Date**: _____