



**2019 Annual Conference**  
Lansing Community College, Lansing, MI  
**February 15-16, 2019**

**2018-2019 BOARD OF DIRECTORS**

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**CONTACT INFORMATION**

[info@miapt.org](mailto:info@miapt.org)

**Address**

MIAPT  
2020 E. Raybrook Avenue, SE  
Suite 305  
Grand Rapids, MI 49546

**Website**

[www.MIAPT.org](http://www.MIAPT.org)

TO: Potential Vendor/Exhibitor  
FROM: MIAPT Board of Directors  
RE: MIAPT CONFERENCE VENDOR/EXHIBITOR OPPORTUNITY

Dear Vendor/Exhibitor:

**The Michigan Association for Play Therapy invites you to be a Vendor/Exhibitor at our 2019 annual conference. Whether shopping for new products or seeking new information and services, our participants look forward to connecting with our vendors and exhibitors. We hope that you will participate and make your products or services available.**

Our 2019 conference speaker is Paris Goodyear-Brown, LCSW, RPT-S. Paris will be presenting *Delight in Me: Play Therapy for Attachment Issues* and *TraumaPlay<sup>SM</sup>: A Flexible Play Therapy Model for Treating Traumatized Children*. Paris is a highly sought after speaker and this conference has an expected attendance of 150 people, which will provide your business with professional exposure to participants from Michigan and surrounding states.

The conference will be held at Lansing Community College, 409 N. Washington Square, Lansing, MI 48933. Vendors may set up and leave their tables overnight; however, no additional security will be provided. All valuables should be removed. The Exhibit Area will be open from 8:00 a.m. – 4:15 p.m. both days.

Enclosed please find the Vendor Agreement to reserve your space. Please note that space is limited, so we will accept reservations on a first come, first served basis. If you have any questions, please call Thom Vincent, our Program Coordinator, at 602-918-5505.

Thank you for your consideration. We look forward to seeing you at next year's conference!

Sincerely,

*Abby*

Abigail DuPree, LMSW, RPT  
President, MIAPT

Michigan Association for Play Therapy  
2019 Annual Conference  
February 15-16, 2019

**VENDOR/EXHIBITOR SPACE AGREEMENT**

**TABLE CHARGE POLICY:** The table charge is **\$75.00** per table per day. There is a discount for multiple tables and/or days. Each table will be 6 feet in length. Vendors will provide their own identification signs showing their company name, logo, etc. **No table skirt, cash registers, extension cords, or other accessories will be provided.** Lunch will **not** be provided.

**SECURITY:** The Vendor Area will be open from 8:00 a.m. until 4:30 p.m. each day. You may leave your exhibit table set up, but all valuables should be removed. A room will be provided for you to put your things in that WILL be locked overnight. No additional security will be provided and MIAPT will not be responsible for lost, stolen or damaged items.

**MOVE IN:** Friday, February 15<sup>th</sup> and Saturday, February 16<sup>th</sup> at 6:30 a.m.  
**EXHIBIT HOURS:** 8:00 a.m. until 4:15 p.m.  
**MOVE OUT:** After 4:15 p.m. on Saturday

**ADVERTISEMENT:** All Vendors will receive a listing in the rolling conference PowerPoint. Please complete the information below, including your name, address, phone number, and email **BEFORE December 31, 2018.** Please send your logo (WORD, JPG, TIF) to Suzanne at [mymiapt@gmail.com](mailto:mymiapt@gmail.com).

**CANCELLATION POLICY:** Written cancellation must be received by 12/31/18 to receive a refund, less a \$25 administrative fee. *No refunds will be made after 12/31/18.*

**CONTRACT ACCEPTANCE & GENERAL INFORMATION:**

Mail your information and check to:  
**Ann Bixler, MIAPT, 2020 Raybrook Avenue, S.E., Suite 305, Grand Rapids, MI 49546**  
Confirmations will be emailed.  
For additional information, please contact Thom Vincent at 602-918-5505 or [mymiapt@gmail.com](mailto:mymiapt@gmail.com).  
To register and pay online, visit [www.miapt.org](http://www.miapt.org).

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**CHARGE FOR TABLE(S):**

**1 Table for 1 Day = \$75 (Deadline 12/31/18)**  
**1 Table for 2 Days or 2 Tables for 1 Day = \$135 (Deadline 12/31/18)**  
**2 Tables for 2 Days = \$155 (Deadline 12/31/18)**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_  
Contact Person: \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Name of Person Staffing Table at Event: \_\_\_\_\_

**Space Reservation: Total Number of Tables per day:** \_\_\_\_\_

**Days Attending (PLEASE CHECK)** \_\_\_\_\_ **Friday, February 15** \_\_\_\_\_ **Saturday, February 16**

**Amount enclosed \$** \_\_\_\_\_ **Check #** \_\_\_\_\_