



Invitation to Exhibit

DISCOVERING NEW WORLDS



Transformational Advances
in Psychodrama, Sociometry
and Group Psychotherapy

ASGPP 77th Annual Group Psychotherapy & Psychodrama Conference

●
May 2-5, 2019
DoubleTree by Hilton Manchester
Downtown, Manchester, NH

ABOUT THE ASGPP

The American Society of Group Psychotherapy and Psychodrama was founded in April, 1942 by Dr. J. L. Moreno. In 1947, Dr. Moreno started the journal, *Group Psychotherapy*, which later became *The Journal of Psychodrama, Sociometry and Group Psychotherapy*, the first journal devoted to group psychotherapy in all its forms. ASGPP was the pioneer membership organization in group psychotherapy and continues to be a source of inspiration for ongoing developments in group psychotherapy, psychodrama and sociometry.

The purposes of the Society include fostering the national and international cooperation of those concerned with the theory and practice of psychodrama, sociometry, and group psychotherapy and promoting the spread and fruitful applications of the theories and methods of psychodrama, sociometry, and group psychotherapy in professional disciplines concerned with the well-being of individuals, groups, families and organizations.



ASGPP NATIONAL OFFICE

ASGPP
301 N. Harrison Street, Suite 508,
Princeton, NJ 08540
(609) 737-8500
asgpp@ASGPP.org, www.ASGPP.org

YOU'RE INVITED...

You are cordially invited to exhibit at this year's 77th Annual American Society of Group Psychotherapy and Psychodrama Conference. This year's conference will convene at the DoubleTree by Hilton Manchester Downtown, Manchester, NH. An international delegation of behavioral health clinicians practicing world wide will be in attendance. The ASGPP's membership touches every corner of the globe extending from the United States to Canada, Israel, England, Europe, South America, Japan and Korea. The active membership of ASGPP is composed of behavioral health professionals from every sector, including physicians, licensed clinical social workers, psychologists, licensed professional counselors, and marriage and family therapists. These clinicians regularly refer clients to eating disorder programs, substance abuse treatment centers, adolescent treatment programs, and traditional psychiatric treatment centers.

Our objective is to create an environment which is "Exhibitor Friendly" and gives you maximum opportunity to network with attendees, conference leadership and potential customers.

We look forward to seeing you there.

**For additional information, please
contact the National Office at
(609) 737-8500, asgpp@ASGPP.org**

EXHIBITOR REGISTRATION PACKAGES

#1 — \$650

- Three days conference networking
- One exhibitor registration for your support staff
- One 8-foot table skirted and draped with two chairs or equivalent space for free standing exhibit
- President's Reception

#2 — \$900

- Three days conference networking
- Two exhibitor registrations for your support staff
- One 8-foot table skirted and draped with two chairs or equivalent space for free standing exhibit
- President's Reception
- Two Awards Reception tickets
- Saturday Evening Entertainment

PACKAGES INCLUDE

- Listing in the Awards Program
- Listing in the online Conference Guide and on our APP with a link to your website
- Listing on the Advertising/Exhibitor Poster
- Online Advertising

Reservation Deadline: April 12

EXHIBIT DATES

Thursday, Friday, Saturday & Sunday
May 2, 3, 4 and 5, 2019

Exhibitor registration & setup:	5/2/19	1:00 - 6:00 pm
President's Reception for Exhibitors:	5/2/19	6:00 - 7:30 pm
Exhibit hours:	5/3 - 5/5/19	8:00 am - 6:00 pm
Exhibit tear down:	5/5/19	5:00 pm

EXHIBIT CONTENT

All exhibits must serve the professional interests of the ASGPP. Acceptance of exhibitors is at the discretion of the ASGPP who reserves the right to refuse applications that do not meet its standards.

Authors and publishers are not permitted to sell books, videos, or DVDs from an Exhibit Table but must work with our designated Conference Bookseller to sell them. To include your publication in the book display area, please contact the national office: (609) 737-8500, asgpp@ASGPP.org

Assignment of exhibit space is based on the date of receipt of the application and will be made solely at the discretion of the ASGPP.

CANCELLATION POLICY

Cancellations will be accepted by email or fax only - not by phone. Please submit cancellations to:
Email: asgpp@asgpp.org

The ASGPP Refund for Exhibitors:
50% Refund up until April 16th
No refund after April 16th

Payment is due in Full by April 16, 2019

CONFERENCE EXHIBITOR RAFFLE

Donate an item for the ASGPP Exhibitor Raffle. We give out an Exhibitor Passport as our way of assuring attendees visit exhibitor tables and displays. Attendees have a "passport" punched by each exhibitor, allowing them to enter into a drawing. Previous prizes have included a week-long stay at Breakthrough at Caron.

For information about promotional benefits included and other information, please contact national office at 609-737-8500 or email: asgpp@asgpp.org

THE CONFERENCE GUIDE

For added exposure, place a display ad in the Conference Guide posted online and on our APP.

1/8 Page: \$125 (Exhibitors \$50)	3 1/2" W x 2 3/8" H
1/4 Page: \$250 (Exhibitors \$125)	3 1/2" W x 4 3/4" H
1/2 Page: \$475 (Exhibitors \$250)	3 1/2" W x 10" H OR, 7 1/2" W x 5" H
Full Page: \$750 (Exhibitors \$350)	7 1/2" W x 10" H

Ads must conform to one of the ad sizes listed above. These rates are for "camera-ready" copy. There is an additional \$50 fee for design services. There is no additional fee for copy-only designs.

DEADLINE for Space Reservation: March 25
DEADLINE for Payment: April 5
DEADLINE for Ad Material: April 15

Make checks payable to ASGPP. Mail with this form to: ASGPP, 301 N. Harrison Street, Suite 508, Princeton, NJ 08540

#1 Exhibitor Registration Package = \$650 #2 Exhibitor Registration Package = \$900
Conference Guide Ad: 1/8 page = \$50 1/4 page = \$125 1/2 page = \$250 Full page = \$350

Agency/Name _____ Product / Service to Exhibit _____

Address: _____ City: _____ State/Province: _____ Zip/Postal Zone: _____

Day Phone: _____ Night Phone: _____

Contact Person: _____ Email: _____

Check Enclosed for \$ _____ Charge my Credit Card for \$ _____ Visa Master Card Please keep in mind that we will calculate and charge a 2.75% fee to the Total Amount Due when you use a credit card. To avoid paying this fee, you may mail this form with your check to the address above.

Card # _____ V code _____ Exp. Date: _____

Card Billing Address if different from above: _____

Card Holder: _____ Signature: _____