

INFORMATION FOR EXHIBITORS

Trauma Recovery/HAP was founded nearly 30 years ago, in the wake of the 1995 Oklahoma City bombing, when approximately 100 volunteer clinicians trained in EMDR therapy provided pro bono treatment for the bombing victims and front-line responders.

Since then, we have coordinated projects throughout the U.S. and internationally in more than 30 countries, always with the goal to alleviate suffering and to increase the capacity for effective treatment of psychological trauma.

Why exhibit?

Our members and conference attendees represent the leading professionals in the world of trauma and disaster response. Our conference allows organizations to network with attendees who have traveled from around the globe to be present.

Benefits for conference exhibitors include the opportunity to generate new sales leads, increase visibility for your company, network with mental health professionals from around the country, and advertise to a wide range of attendees.

200+ conference attendees

25,000+ email database receiving conference information

Questions? Contact us at conference@emdrhap.org.

OPPORTUNITIES TO EXHIBIT

EXHIBITOR TABLE - \$500

- Choice of*:
 - Outer wall table (12x36 station)
 - Center circle table (6x30 station)
- 2 chairs
- Black or white linen
- Wastebasket
- Identification sign
- Listing and description in program book
- Listing and description on conference website, under Exhibitor Hall
- Exhibitor passes for up to 2 representatives
- 1 complimentary conference registration

Exhibit Hall Hours:

Friday, April 21: 8am - 5pm

Saturday, April 22: 8am - 2pm

**Table size/location selection is on a first come, first served basis. If your size is no longer available, you will be assigned any available size station.*

Questions? Contact us at conference@emdrhap.org.

EXHIBITOR FORM:

To pay online by credit card, please visit: <https://support.emdrhap.org/2023-trn-conference-exhibitor/Donate/Tickets>

If paying by check, please fill out this form and send in with payment.

Company/Organization: _____

Representative 1: _____

Representative 2: _____

Email: _____

Phone: _____

Mailing address: _____

Choice of*:

☐ Outer wall table (12x36 station): \$500

☐ Center circle table (6x30 station): \$500

Total to be paid: _____

Please make checks payable to Trauma Recovery/HAP. Mail form and payment to:

Trauma Recovery/HAP
2911 Dixwell Avenue, Suite 202
Hamden, CT 06518

Complimentary registration recipient: _____

Recipient email: _____

Please send company logo and description (75 words max) to conference@emdrhap.org.

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