**CABE Café**

*March 21 - 22, 2019*

**Description:** The CABE Café is an additional opportunity for commercial exhibitors to share their products with CABE 2019 participants in 30 minute sessions. The CABE Café will be located in the Exhibit Hall. It will consist of a riser/stage, microphone for the speaker, chairs for the audience and a table for selling/dissemination of materials. Light snacks, i.e. cookies, coffee, tea. Times are set in 30-minute blocks with a 15 minute transition time. See schedule options below*. The CABE Café schedule will be published in the Conference program for those reservations received by **February 7, 2019**.

**Cost:** The CABE Café is another way to access our CABE 2019 attendees (must have exhibit booth). The reservation form must be submitted ASAP; there are less than 10 sessions available for this great opportunity. There is a $300.00 fee per session

**Reservations:** Space will be reserved on a first paid, first served basis. Forms will not be accepted after **February 7, 2019**. If maximum capacity reached before deadline this opportunity will no longer be available. Email form and payment to [ruth@gocabe.org](mailto:ruth@gocabe.org). We accept Visa, MasterCard or American Express.

**Questions?** Contact Delma Chwilinski at [ruth@gocabe.org](mailto:ruth@gocabe.org) or 213.798.4243

*Time blocks are:

<table>
<thead>
<tr>
<th>Thursday, March 21, 2019</th>
<th>Friday, March 22, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:30 am – 12:00 pm</td>
<td>11:30 am – 12:00 pm</td>
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<tr>
<td>1:15 am – 1:45 pm</td>
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<td>2:00 pm – 2:30 pm</td>
<td>2:00 pm – 2:30 pm</td>
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<tr>
<td>2:45 pm – 3:15 pm</td>
<td>Not available</td>
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<tr>
<td>3:30 pm – 4:00 pm</td>
<td>Not available</td>
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Email to ruth@gocabe.org  
(Deadline to be listed in the Conference program: February 7, 2019)

Organization/Company Name: ________________________________
Booth(s) Number: __________

Presenter: ___________________ Title: ____________________________
Description: ________________________________

Product/Dissemination of Material: ________________________________

Preferred Date and Time
First Choice _______________ Second Choice _______________________
Third Choice __________________

Contact Name ___________________ Phone ________________________
Email ____________________________

Payment Information:
☐ $300.00 per session (multiply times can be purchased)
☐ Check # __________
Or
☐ Credit Card ☐ MasterCard ☐ Visa ☐ American Express
Number _____________________________ Expiration ____________
Signature ____________________________

(Time slot not guaranteed until payment is received)