



Pathways to SmartCare: Healthy Women's Expo

Saturday & Sunday, September 24 & 25, 2011

David L. Lawrence Convention Center, Downtown Pittsburgh

Exhibit Hall Hours: 10 am - 4 pm

Contact Erin Hart with any questions:

Phone: 412/657-3028 Email: ehart@american-healthcare.net

Basic Information

Company:		Contact Name:	
Address:		City/State/Zip:	
Phone#:	Fax#:	Email:	
# of tables (\$35 each):	# of chairs:	Electricity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Description of Table Presentation			

Sponsorship & Exhibitor Levels

Non-Profit - \$400*

Registration includes:

- (1) 8 foot table
- (1) 10 X 10 space
- Name in program & web page

Business - \$650

Registration includes:

- (1) 8 foot table
- (1) 10 X 10 space
- Name in program & web page

Calculate Your Total

Exhibitor Fee _____

Discount - 20% _____

(before 7/31/11) _____

Electricity (\$115) _____

Extra Tables (\$35 each) _____

Corner Booth (\$100) _____

Total _____

Sponsorship Levels- Please Call

- Customized Exhibit space
- Name & full page ad in program
- Name and logo on website
- Recognition prior to keynote speaker
- Inclusion in press releases
- Event Signage
- Interviews on Air
- Inclusion in all event advertisements

Double Booth - \$1200

Registration includes:

- (2) 8 foot tables
- (1) 10 X 20 space
- Name in program/webpage

Payment Information

Payment is due when you submit this contract. If payment has been received, and a paid exhibitor must cancel; no refund will be issued. If a vendor is late to an event without prior notice, the reserved table may or may not be available upon arrival. ***(Must have 501c3 Non-profit status and provide proof) Questions? (412)657-3028 Fax: (412)563-8319**

Pay by Check: Checks are payable to American Health Fairs, 1910 Cochran Road, Manor Oak One, Suite 405, Pittsburgh, PA 15220

Pay with Credit Credit Card Type Visa MasterCard American Express

Credit will be processed under the name **American HealthCare Group**. Your credit card bill will reflect this.

Card Number _____ Exp. Date _____
 Name on Card _____

SIGN HERE

DATE