



A RECIPE FOR A HEALTHY PITTSBURGH

FRIDAY & SATURDAY, MARCH 28-29, 2008

AT THE

DAVID L. LAWRENCE CONVENTION CENTER, DOWNTOWN PITTSBURGH

SPONSOR and EXHIBITOR REGISTRATION FORM

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.

Exhibit Hall Hours: Friday, March 28: 12 – 6 pm Saturday, March 29: 9 am – 5 pm

BASIC INFORMATION

Company				Contact Name		
Phone #		Fax#		Email		
Mailing Address						
# of Tables needed Extra Tables \$10		# of Chairs needed		Electricity? (\$110 charge)		
Raffle Donation						

SPONSORSHIP and EXHIBITOR LEVELS

Non-profit and lower-tier exhibitors - \$150

Income <\$50,000/annually
Registration includes:
- 10 X10 Exhibit space w/1 table
- Name in program

Higher-tier exhibitors - \$450

Income >\$50,000/annually
Registration includes:
- 10X10 Exhibit space w/1 table
- Name in program

Sustaining Exhibitor - \$7,500

No Income guidelines
Registration includes:
- Customized Exhibit space
- Name & full page ad in program
- Name and logo on website
- 25 tickets for friends and family

Sustaining Sponsor - \$15,000

Registration includes:
- Customized Exhibit space
- Name & full page ad in program
- Name and logo on website
- 40 tickets for friends and family
- Recognition prior to keynote speaker
- Inclusion in press releases

Naming Sponsor - \$25,000

Registration includes:
- Customized Exhibit space
- Name & full page ad in program
- Name and logo on website
- 40 tickets for friends and family
- Recognition prior to keynote speaker
- Inclusion in press releases
- Naming Rights

Write in your choice & total here:

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PAYMENT INFORMATION

Pay by Check:

Please make checks payable to: *American Health Fairs*
Mail Checks to: American Health Fairs, 1910 Cochran Road, Manor Oak One, Suite 600, Pittsburgh, PA 15220
Questions? (412)563-8800 Fax: (412)563-8319

Pay with Credit:

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

Circle Card Type:

Card Number:

Name on Card:

Visa	MasterCard	American Express
		Exp Date:

SIGN HERE:

X