**Where to Turn Resource Fair**

**David L. Lawrence Convention Center, Downtown Pittsburgh**

**Tuesday, September 16, 2014**

**Contact Erin Hart with any questions: Phone: 412/563-7807 Email: ehart@american-healthcare.net**



|  |
| --- |
|  Pay by Check: Checks payable to: ***American Health Fairs****,* 1910 Cochran Road, Manor Oak One, 405, Pittsburgh, PA 15220 |
|  Pay with Credit:*Credit will be processed under the name* ***American HealthCare Group.*** *Your credit card bill will reflect this.*  | Credit Card Type:  |  Visa MasterCard American Express |
| Card Number:  |  | Exp Date: |  |
| Name on card & Security Code: |  |
| SIGN HERE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Contact Name: |  |
| Address: |  | City/State/Zip: |  |
| Phone#: |  | Fax#: |  | Email: |  |
| # of tables  |  | # of chairs: |  | Electricity? Yes No$120 charge  |  |
| Description of Table Presentation |  |

Exhibitor/Sponsor Fee \_\_\_\_\_\_\_\_\_\_

Ad Fee ($250 or $150) \_\_\_\_\_\_\_\_\_\_

Electricity ($120) \_\_\_\_\_\_\_\_\_\_

Extra Tables ($275 each) \_\_\_\_\_\_\_\_\_\_

**Total**  \_\_\_\_\_\_\_\_\_\_

**Program Advertising**

**Full Page** $250

**Half Page** $150

**Quarter Page** $100

Ads should be submitted at 300 dpi with no bleed.  Acceptable file formats are .png, .jpg, or .pdf.

**Industry Sponsor - $3,000**

- Customized Exhibit space

- Name & full page ad in program

- Name and logo on event website

- Inclusion in event promotions

- Event Signage

- Exclusive Industry Category

Submit Logo with agreement!

**Exhibit Table - $275 per event**

**Registration includes:**

- 1 exhibit table

- Name in program

- Registration for 2

**Sponsorship Opportunity - $750**

- Customized Exhibit space

- Name & full page ad in program

- Name and logo on event website

- Inclusion in event promotions

- Event Signage

- Registration for 4

Submit Logo with agreement!

**SPONSORSHIP and EXHIBITOR LEVELS**

**BASIC INFORMATION – This will appear in the event program.**

**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.

**Questions?** (**412)657-3028 Fax: (412)563-8319**

**PAYMENT INFORMATION**