



Wellness4Schools

School Symposium Exhibitor Agreement

Please submit information exactly as you would like it to appear in promotional materials.

Company: _____ Contact Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Day of Event Contact: _____ Day of Event Phone: _____

Extra Tables _____ # of Chairs: _____ Electricity? ☐ Yes, please. ☐ No, thank you.

Please provide a description of Table Presentation

Any additional needs?

REGULAR EXHIBIT SPACE

\$275

- 1 Exhibitor Table
- Name in program
- Unlimited Registration

SPONSORING EXHIBITOR

\$750

- Custom Exhibit Space
- Name in program
- Full page ad in program
- Unlimited Registration
- Name & Logo on website
- Inclusion in event promos

SUPPORTING SPONSOR

\$3,000

- Custom Exhibit Space
- Name in program
- Full page ad in program
- Unlimited Registration
- Name & Logo on website
- Inclusion in event promos
- Inclusion in event signage
- Exclusive Industry Category

Visit American-HealthCare.net for event details or call 412-563-8800



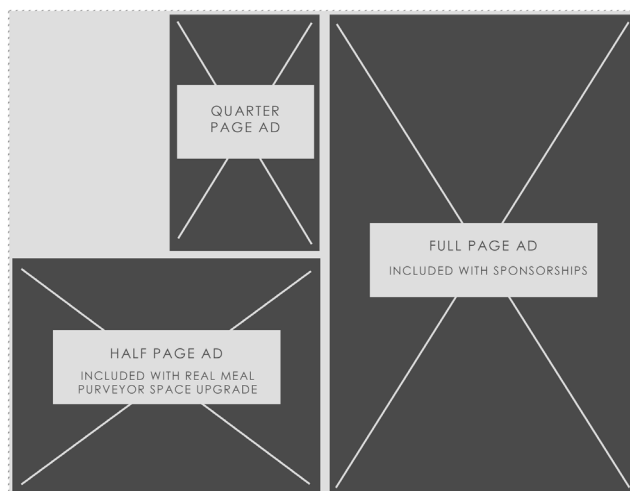
Wellness4Schools

PROGRAM ADVERTISING

| | |
|-------------------|-------|
| Full Page | \$250 |
| 5.5" w X 8.5" h | |
| Half Page | \$150 |
| 5.5" w X 4.25" h | |
| Quarter Page | \$100 |
| 2.75" w X 4.25" h | |

Ads should be submitted at 300 dpi with .125" bleed. File formats accepted: .png, .jpg, or .pdf

For ad design and submission, email Mary Hagan Double, mdouble@american-healthcare.net. Ad design \$50 extra.



| Option | Qty | Price | Total |
|--|-----|-------|-------|
| Regular Exhibitor Space | | 275 | |
| Sponsoring Exhibitor Space | | 750 | |
| Supporting Exhibitor | | 3000 | |
| Full Page Ad (5.5" w X 8.5" h, .125" bleed, Full color) | | 250 | |
| Half Page Ad (5.5" w X 4.25" h, .125" bleed, Full color) | | 150 | |
| Quarter Page Ad (2.75" w X 4.25" h, .125" bleed, Full color) | | 100 | |
| Ad Design | | 50 | |
| Total Fees: | | | |

Visit American-HealthCare.net for event details or call 412-563-8800

Payment Information

Payment is due when you submit this contract. If an exhibitor is late to the event without prior notice, then the reserved table may or may not be available upon arrival. Questions? Call 412-563-8800.

☐ Pay by Check

Make checks payable to: American Health Fairs
Mail to: 1910 Cochran Road, Manor Oak One, Suite 405, Pittsburgh, PA 15220

☐ Pay by Credit

Credit will be processed under the name American HealthCare Group.

Card #: _____ Exp. Date: _____

Name on Card: _____ Security Code: _____

SIGNATURE: _____ **DATE:** _____

Mail this agreement with payment to: 1910 Cochran Road, Manor Oak One, Suite 405, Pittsburgh, PA 15220
Fax this agreement with payment to: 412-563-8319