



Where to Turn Resource Fair

David L. Lawrence Convention Center, Downtown Pittsburgh

Tuesday, May 13, 2014 & Tuesday, September 16, 2014

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

BASIC INFORMATION – This will appear in the event program.

Company:		Contact Name:	
Address:		City/State/Zip:	
Phone#:	Fax#:	Email:	
# of tables	# of chairs:	Electricity? <input type="checkbox"/> Yes <input type="checkbox"/> No \$120 charge	
Description of Table Presentation			

SPONSORSHIP and EXHIBITOR LEVELS

Exhibit Table - \$275 per event

Registration includes:

- 1 exhibit table
 - Name in program
 - Registration for 2
- Specify Exhibit Date(s)

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,

Exhibitor Fee (5/13/14) _____

Exhibitor Fee (9/16/14) _____

10% Discount for both dates _____

Sponsor Fee (5/13/14) _____

Sponsor Fee (9/16/14) _____

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

Electricity (\$120) _____

Extra Tables (\$275 each) _____

Total _____

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!

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!

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.

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

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:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		
Card Number:		Exp Date:	
Name on card & Security Code:			

SIGN HERE: _____ **DATE:** _____