



Where to Turn Resource Fair

May 22, 2019: **Wellness in the Workplace: Financial, Physical & Spiritual**

October 8, 2019: **Health Care Updates for 2020**

David L. Lawrence Convention Center, Downtown Pittsburgh

Wednesday, May 22nd & Tuesday, October 8, 2019 | 9 am – 12 pm

Contact Carla Clipper with any questions: Phone: 412/563-5823

Email: cclipper@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 \$140 charge	
Description of Table Presentation			

SPONSORSHIP and EXHIBITOR LEVELS

Exhibit Table - \$275 per event
Registration includes:

- 1 exhibit table
- Name in program
- Registration unlimited

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/Sponsor Fee – May _____
 Exhibitor/Sponsor Fee - Oct _____
 *Discount when both events reserved – 10% _____

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 unlimited
- 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!

Ad Fee - May _____
 Ad Fee –October _____
 Electricity (\$140) _____
 Extra Tables (\$275 each) _____
Total _____

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)563-5823 Fax: (412)563-8319

Pay by Check: Checks payable to: **American HealthCare Group**, 733 Washington Road, Suite 102, Pittsburgh, PA 15228

<input type="checkbox"/> 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:** _____