



## Where to Turn Resource Fair

May 6, 2020: **Food, Transportation & Wellness Resources for Families & Seniors**

September 22, 2020: **Health & Wellness Updates for 2021**

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

**Wednesday, May 6th & Tuesday, September 22, 2020 | 9 am – 12 pm**

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

Email: [cclipper@american-healthcare.net](mailto: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

<p><b>Exhibit Table - \$275 per event</b>  <b>Registration includes:</b>          - 1 exhibit table          - Name in program          - Registration unlimited</p>	<p><b>Program Advertising</b>  <b>Full Page</b> \$250  <b>Half Page</b> \$150  <b>Quarter Page</b> \$100          Ads should be submitted at 300 dpi with no bleed. Acceptable file formats are .png,</p>	<p>Exhibitor/Sponsor Fee – May _____          Exhibitor/Sponsor Fee - Sept _____          *Discount when both events reserved – 10% _____          Ad Fee - May _____          Ad Fee –Sept _____          Electricity (\$140) _____          Extra Tables (\$275 each) _____  <b>Total</b> _____</p>
<p><b>Sponsorship Opportunity - \$750</b>          - Customized Exhibit space          - Name &amp; full page ad in program          - Name and logo on event website          - Inclusion in event promotions          - Event Signage          - Registration unlimited          Submit Logo with agreement!</p>	<p><b>Industry Sponsor - \$3,000</b>          - Customized Exhibit space          - Name &amp; full page ad in program          - Name and logo on event website          - Inclusion in event promotions          - Event Signage          - Exclusive Industry Category          Submit Logo with agreement!</p>	

### 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)563-8016**

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

**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:** \_\_\_\_\_