



Farm to Table

FRIDAY & SATURDAY, March 23 & 24, 2012

David L. Lawrence Convention Center, Downtown Pittsburgh

Exhibit Hall Hours: Friday, March 23: 10 am – 5 pm & Saturday, March 24: 10 am – 5 pm

Contact Erin Hart with any questions: Phone: 412/657-3028 Email: ehart@american-healthcare.net

BASIC INFORMATION

Company:		Contact Name:	
Address:		City/State/Zip:	
Phone#:	Fax#:	Email:	
# of tables (\$35 each):	# of chairs:	Electricity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Table Presentation			

SPONSORSHIP and EXHIBITOR LEVELS

Small Business - \$300

Income <\$50,000/annually

Registration includes:

- 1 8 foot table
- Name in program

Sponsorship Levels – please call

- Customized Exhibit space
- Name & full page ad in program
- Name and logo on website
- Recognition prior to keynote speaker
- Inclusion in press releases
- Event Signage
- Interviews on Air
- Inclusion in all event advertisements

Large Business - \$600

Income >\$50,000/annually

Registration includes:

- 1 8 foot table(s)
- Name in program

Program Advertising

Full Page \$500

Half Page \$275

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

Exhibitor Fee _____

Discount _____

(20 % before 8/31/11)

(10% before 1/31/12)

Ad Fee (\$275 or \$500) _____

Electricity (\$115) _____

Extra Tables (\$35 each) _____

Corner Booth (\$100) _____

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)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:			

SIGN HERE: _____ **DATE:** _____