



Farm to Table: Keep it Real, Keep it Local

FRIDAY & SATURDAY, April 3 & 4, 2009

DAVID L. LAWRENCE CONVENTION CENTER DOWNTOWN PITTSBURGH

Exhibit Hall/Farmers Market Hours: Friday, April 3: 10 am – 5 pm & Saturday, April 4: 10 am – 5 pm

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

BASIC INFORMATION

Company:				Contact Name:					
Address:				City/State/Zip:					
Phone#:			Fax#:			Email:			
# of tables:		# of chairs:		Electricity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Raffle Donation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(please describe below)</i>
Description of Raffle Donation:									

SPONSORSHIP and EXHIBITOR LEVELS

Small Business - \$300

Income <\$50,000/annually

Registration includes:

- 10 X10 Exhibit space w/1 table
- Name in program

Large Business - \$600

Income >\$50,000/annually

Registration includes:

- 10X10 Exhibit space w/1 table
- Name in program

Speaker Sponsor - \$5,000

- Customized Exhibit space
- Name & full page ad in program
- Name and logo on website
- Introduction of Speakers
- Event Signage & Inclusion in Press Releases

Sustaining Sponsor - \$20,000

- 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

Program Advertising

Full Page \$500

5.5" h x 4.25" w

Half Page \$250

2.25" h x 4.25" w

Ads should be submitted at 300 dpi.
Acceptable file formats are .png, .gif, .jpg, or .pdf.

Write in your choice & total here:

Exhibitor Fee _____

Ad Fee _____

Electricity (\$110) _____

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)563-8800 Fax: (412)563-8319

Pay by Check: Checks payable to: *American Health Fairs*, 1910 Cochran Road, Manor Oak One, 600, 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:** _____