



## Farm to Table

FRIDAY & SATURDAY, March 26 & 27, 2010

David L. Lawrence Convention Center, Downtown Pittsburgh

Exhibit Hall Hours: Friday, March 26: 10 am – 5 pm & Saturday, March 27: 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 (\$25 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** \$250

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

Exhibitor Fee \_\_\_\_\_

Discount – 15%  
(before 12/31/09) \_\_\_\_\_

Ad Fee (\$250 or \$500) \_\_\_\_\_

Electricity (\$110) \_\_\_\_\_

Extra Tables (\$25 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)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:** \_\_\_\_\_