

Display Space APPLICATION AND CONTRACT

Company/Organization _____

Contact Name _____

Contact Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Please contact me about Sponsorship Opportunities

Please contact me about conference bag stuffers

CREDIT CARD PAYMENTS: Visa MasterCard American Express *Total Charge Amount*

Acct # _____ Exp Date _____

Name on Card _____

Signature _____

PAYMENT BY CHECK: Checks should be made payable to the American Journal of Health Promotion

Mail with contract to: American Journal of Health Promotion • PO Box 1254 • Troy, MI 48034

A reservation fee of 50% of the total fee must be remitted with this application in order to confirm your display. Fee(s) may be paid in full at the time of application. Full payment must be received by January 1, 2010. All displays have essentially equal visibility; therefore, display space will be randomly assigned.

Complete information on reverse

DISPLAY PACKAGE \$1500 includes:

- 6 foot skirted table and two chairs
- Listing on the Art and Science of Health Promotion Conference website
- Listing in the Conference Program Guide
- Post-show Art and Science of Health Promotion Conference registration list
- Two complimentary conference registrations — **a \$1390 value**

SETUP

Tuesday, March 16, 2010
Noon - 5:00 PM

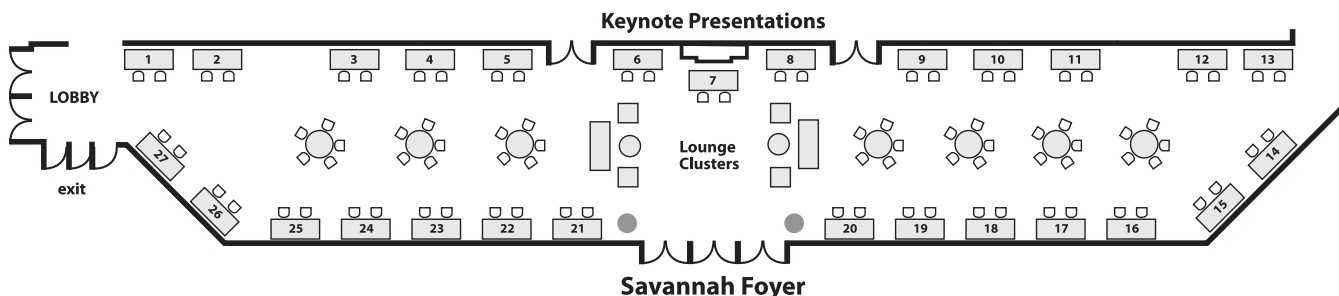
DISMANTLING

Friday, March 19, 2010
11:30 AM *No early breakdowns*

Hours are subject to minor schedule adjustments.

Exhibit Dates and Times

Wednesday March 17
8 AM - 5 PM
Thursday March 18
8 AM - 5 PM
Friday March 19
8 AM - 11:30 AM



CONFERENCE PROGRAM GUIDE:

Please print clearly. Indicate information exactly as you would like it to appear in the guide. AJHP, Inc. not responsible for printing errors.

Company Name: _____

(optional) Individual Contact Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Please provide the following information for the two individuals who will receive the complimentary registrations:

Name: _____

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

DISPLAY SERVICES

The price of each booth includes one skirted table and two chairs. Special needs such as internet service will be managed by the hotel. Details will be included in the exhibitor packet which will be sent following confirmation of reservation.

AGREEMENT

The exhibitor agrees to abide by the terms and regulations of this application/contract. The exhibitor agrees to accept the display space assigned by the American Journal of Health Promotion, Inc. The exhibitor agrees to pay 50% of the total display rental fee (\$750), as a non-refundable confirmation deposit(s). The exhibitor agrees to submit to the American Journal of Health Promotion, Inc. the balance due upon receipt of invoice, and in all cases no later than January 1, 2010. The exhibitor understands that no booth assignments will be confirmed until the signed application and deposit fee have been received. Display reservations may be canceled in writing by an exhibitor prior to November 1, 2009, however, the deposit fee is non-refundable.

SECURITY AND INSURANCE LIABILITY

The exhibit area will be secured at the end of each day. However, the safety and security of each display is the responsibility of the exhibitor at all times. The American Journal of Health Promotion, Inc., and the Westin Hilton Head Island Resort will not be responsible for any loss, injury or damage, including that by fire, accident, theft or any destructive cause, which may occur to an exhibitor. The exhibitor assumes the entire responsibility and liability for loss, damage and claims arising out of injury or damage to an exhibitor's display equipment and property and they shall indemnify and hold harmless the American Journal of Health Promotion, Inc., and the Westin Hilton Head Island Resort from all liability. Exhibitors shall insure their own exhibit and display material.

Signature _____ Date _____

Print Name _____

:: RETURN SIGNED CONTRACT TO:

American Journal of Health Promotion
P O Box 1254 | Troy MI 48099-1254
or Fax: 248-630-4399

Confirmation will be provided following receipt of deposit and this contract.

For more information about exhibiting and sponsorship opportunities call Patti Weber at 248-425-2737.

Visit our website at www.HealthPromotionConference.org