



2010
URBAN HEALTH
CONFERENCE



west coast
Healthcare Missions
and Ministry
Conference



EXHIBITOR REGISTRATION

| |
|---|
| Organization Name (as it should appear in publications): |
| Website URL- http:// |
| Contact Person (not necessarily attending the conference): |
| Specialty/ Title: |
| Mailing Address: |
| Telephone: |
| Email: |
| Alternative Email: |
| How did you hear about the 2010 Urban Health Conference? |
| 50-word description of your organization as it should appear in publications: |
| Booth Representative 1- |
| Booth Representative 2- |

Please note that booth representatives must also register for the conference in order to obtain name badges. The exhibitor agrees to abide by all regulations, terms and conditions set forth in the Exhibitor Guide.

Signature: _____ Title: _____

Print Name: _____ Date: _____



2010
URBAN HEALTH
CONFERENCE



| Item | Fee | Total |
|--|---|-------|
| Exhibit Space | \$50 | |
| ADDITIONAL MARKETING OPPORTUNITIES | | |
| Program Advertisement: | | |
| Black & White ¼ page | \$75 | |
| Black & White ½ page | \$125 | |
| Black & White Full page | \$200 | |
| Color Full Page | \$300 | |
| Break Sponsorship: (See description below.) | | |
| AM Break | \$200 | |
| PM Break | \$200 | |
| | Total Enclosed: | |
| More Opportunities ... | | |
| Break Sponsorship | | |
| Morning \$200 | Drinks & snacks are offered to the attendees during the conference. If you would like to be promoted (verbally prior to the break, printed in schedule, and a sign on the table) as having sponsored one of the break times, please add it to your order above. | |
| Afternoon \$200 | | |
| CONFERENCE PARTNERSHIP | | |
| Communication Level | Please refer to website for complete description of these levels. | |
| Cooperation Level | | |
| Collaboration Level | | |

You may scan and send via email to: kristi@healthcaremissions.org and pay on-line at the website (click through the regular registration area on line and choose the \$50 exhibitor option. You will also need to register each person attending with your booth in order to obtain name badges for them. They may register under the \$40 fee option.

-or-

Mail form and check to: WCHMC
ATTN: Kristi Libby
7850 Lester Avenue
Lemon Grove CA 91945

Make check out to WCHMMC (West Coast Health Missions and Ministry Conference
Questions? Email kristi@healthcaremissions.org or call Kristi at (619) 463-4777 ext. 205.

| | | | |
|------------------|------------------|------------------------------|----------------------|
| Date Rec'd _____ | Amt. Rec'd _____ | Date Confirmation Sent _____ | Booth assigned _____ |
|------------------|------------------|------------------------------|----------------------|