

Conference Dates: April 1-5, 2019 (Core Conference April 3-5 / Intensive Training Seminars April 1 & 2) • **Exhibit Dates:** April 3 & 4, 2019
Hilton Head Marriott Resort | Hilton Head Island, SC

SUBMIT APPLICATION ONLINE www.healthpromotionconference.com/sponsors_exhibitors/
OR EMAIL TO patti.weber@artsciencehpi.com

SPONSOR / EXHIBITOR SELECTION

- FRIEND — \$1000**
- SUPPORTER — \$1500**
Includes one complimentary core conference registration
- EXHIBITOR — \$2000**
Includes two complimentary core conference registrations

SPONSOR / EXHIBITOR COMPANY INFORMATION

COMPANY / ORGANIZATION NAME	CONTACT PERSON	TITLE
PHONE	EMAIL	
MAILING ADDRESS		
CITY	STATE / PROVINCE	ZIP / POSTAL CODE

PROGRAM GUIDE LISTING INFORMATION (Complete as it should appear in your Program Guide Listing)

SPONSOR / EXHIBITING COMPANY OR ORGANIZATION NAME		
PHONE	EMAIL	WEBSITE

PAYMENT

SPONSOR / EXHIBIT SELECTION \$

SUPPORTER — Includes ONE core conference registration — Optional: Preconference Seminar 2 days — \$495
Choose One (See website for details): Butterworth Goetzel Hanna Hunnicutt Purpur de Vries Putnam

EXHIBITOR — Includes TWO core conference registrations — Optional: Preconference Seminar 2 days — \$495
Registrant #1 Choose One: Butterworth Goetzel Hanna Hunnicutt Purpur de Vries Putnam
Registrant #2 Choose One: Butterworth Goetzel Hanna Hunnicutt Purpur de Vries Putnam

Optional: **PRECONFERENCE SEMINAR TOTAL** \$

TOTAL \$ <input type="text"/>

PAYMENT BY CHECK: Payable to **Art & Science of Health Promotion Conference** Amount Enclosed \$ _____

CREDIT CARD PAYMENT: VISA MC AMEX Charge Amount \$ _____

CREDIT CARD PAYMENT BY PHONE: CALL VALERIE JAMES 248.682.0707

ACCOUNT NUMBER	SECURITY CODE	EXP DATE
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NAME ON CARD (PLEASE PRINT)

SIGNATURE

FRIEND

Sign contract, and save form [NEXT PAGE](#) 

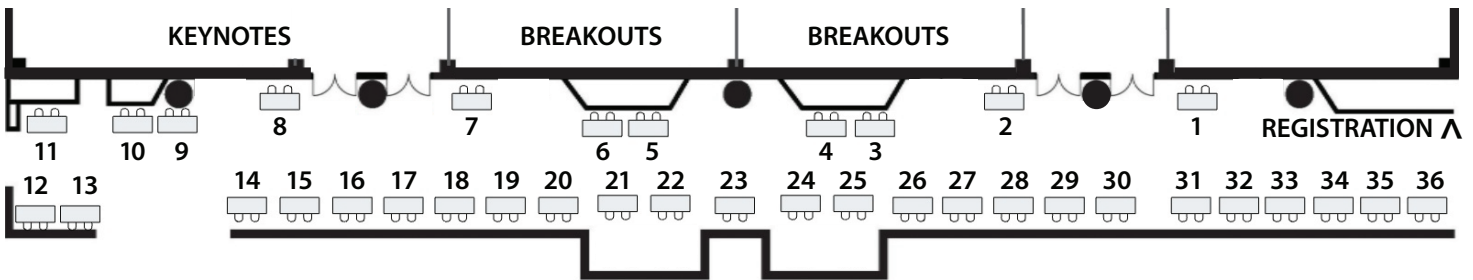
SUPPORTER OR EXHIBITOR

Complete conference registration information, sign contract, and save form [NEXT PAGE](#) 

EXHIBITOR

INDICATE YOUR TOP CHOICES FOR TABLE LOCATION

Table number preference: 1st _____ 2nd _____ 3rd _____



SUPPORTER AND EXHIBITOR; PLEASE COMPLETE BELOW

SUPPORTER: One Core Conference Registration included with SUPPORTER package; complete REPRESENTATIVE #1 below

EXHIBITOR: Two Core Conference Registrations included with EXHIBITOR package; complete REPRESENTATIVE #1 AND #2 below

REPRESENTATIVE #1

FIRST NAME	LAST NAME	CREDENTIALS	TITLE
FIRST NAME FOR BADGE		MAILING ADDRESS	
CITY		STATE / PROVINCE	ZIP / POSTAL CODE
PHONE		FAX	EMAIL

REPRESENTATIVE #2

FIRST NAME	LAST NAME	CREDENTIALS	TITLE
FIRST NAME FOR BADGE		MAILING ADDRESS	
CITY		STATE / PROVINCE	ZIP / POSTAL CODE
PHONE		FAX	EMAIL

Exhibitor Services Packet

An Exhibitor Services Packet containing the necessary forms for ordering onsite services such as electrical, internet and shipping instructions will be sent to each exhibitor in January 2019.

Exhibitor Space

The price of each exhibit includes one six-foot skirted table and two chairs. Space will accommodate pop-up displays, up to 6 feet wide. Full ten-foot exhibit booths are not available. Any exhibits exceeding the allowed space will need to be modified or dismantled. Double space includes two six-foot skirted tables.

Floor Plan

The table locations on the floor plan are approximate, and are subject to change.

Complimentary Registrations

Exhibitors will receive two complimentary registrations for the core (3-day) conference.

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 Art & Science of Health Promotion Conference. The exhibitor agrees to submit to the Art & Science of Health Promotion Conference payment in full at the time of application. The exhibitor understands that no table assignments will be confirmed until the signed application and payment has been received. Display reservations may be canceled in writing for a full refund by an exhibitor prior to February 1, 2019.

Security and Insurance Liability

The safety and security of each display is the responsibility of the exhibitor at all times. Each party shall defend, indemnify and hold harmless the other party, its board members, officers, employees, agents and students (if a University) from and against any costs, losses, damages, liabilities, expenses, demands and judgments, including court costs and attorney fees which may arise out of the other party's acts or omissions under this Agreement for which the indemnifying party would be liable in law or equity. Exhibitors shall insure their own exhibit and display material.

SIGNATURE	DATE	PRINT NAME
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RETURN SIGNED CONTRACT WITH PAYMENT

SUBMIT ONLINE CLICK HERE

EMAIL Patti.Weber@artsciencehpi.com

FAX 248-630-4399

MAIL Art & Science of Health Promotion Conference

PO Box 1254 | Troy MI 48099-1254

