

**Conference Dates:** April 20-24, 2020 (*Intensive Training Seminars April 20 & 21/Core Conference April 22-24*) | **Exhibit Dates:** April 22 & 23, 2020  
 Marriott Hilton Head Resort & Spa | Hilton Head Island, SC

**SUBMIT APPLICATION ONLINE** [www.healthpromotionconference.org/sponsors\\_exhibitors/](http://www.healthpromotionconference.org/sponsors_exhibitors/)  
**OR EMAIL TO** [patti.weber@artsciencehpi.com](mailto:patti.weber@artsciencehpi.com)

### SPONSOR/EXHIBITOR SELECTION

**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:  **Intensive Training Seminar 2 days—\$495**

**Choose One** (See website for details):  Allen/Safeer  Goetzel  Hunnicutt  Putnam  Seaward

**EXHIBITOR**—Includes TWO core conference registrations — Optional:  **Intensive Seminar 2 days—\$495**

**Registrant #1 Choose One:**  Allen/Safeer  Goetzel  Hunnicutt  Putnam  Seaward

**Registrant #2 Choose One:**  Allen/Safeer  Goetzel  Hunnicutt  Putnam  Seaward

Optional: **INTENSIVE SEMINAR TOTAL** \$

**TOTAL**  
\$

**PAYMENT BY CHECK:** Make check payable to: **Art & Science of Health Promotion Conference**

Check # \_\_\_\_\_ \$ \_\_\_\_\_

**CREDIT CARD PAYMENT:**  VISA  MC  AMEX

Credit card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ \$ \_\_\_\_\_

Cardholder's name (print) \_\_\_\_\_

Credit card payment by phone: Call Patti Weber (248) 425-2737

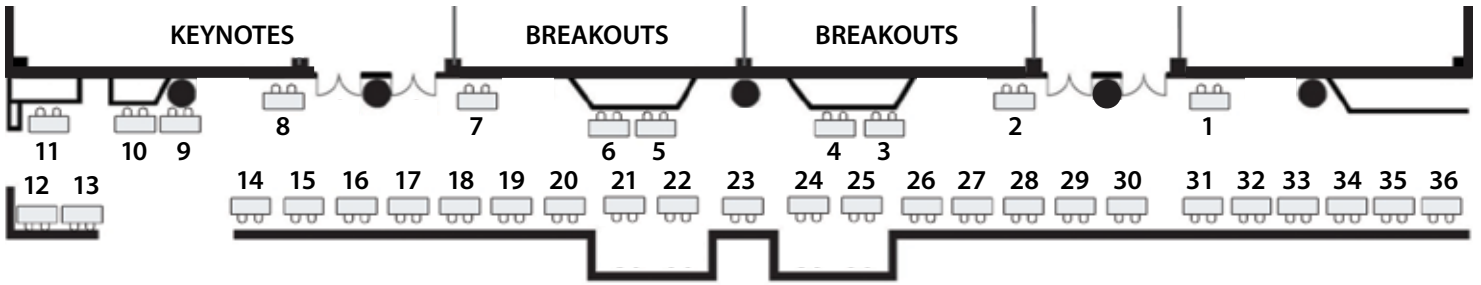
Complete conference registration information, sign contract, and save form [NEXT PAGE](#)



### EXHIBITOR

INDICATE YOUR TOP CHOICES FOR TABLE LOCATION

Table number preference: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_



### 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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Credentials \_\_\_\_\_

Job Title/Position \_\_\_\_\_ First Name for Badge \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

#### REPRESENTATIVE #2

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Credentials \_\_\_\_\_

Job Title/Position \_\_\_\_\_ 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 2020.

#### 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, 2020.

#### 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

### RETURN SIGNED CONTRACT WITH PAYMENT

**SAVE FORM**

Submit Online **CLICK HERE**

Secure fax  
(262) 364-1818

Art & Science of Health Promotion Conference  
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