

# Exhibit Space Reservation

Priester National Extension Health Conference ♦ Renaissance Riverview Plaza Hotel, Mobile, AL  
April 20-22, 2010

Exhibitor Contact \_\_\_\_\_ Title: \_\_\_\_\_

(Person responsible for exhibit information/materials)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Website: \_\_\_\_\_ Email: \_\_\_\_\_

**1) We wish to participate at the following sponsorship level:**

- Diamond Level \$ \_\_\_\_\_
- Platinum Level \$ \_\_\_\_\_
- Gold Level \$ \_\_\_\_\_
- Silver Level \$ \_\_\_\_\_

**2) Total Fees/Payment**

Total grant support (from above): \_\_\_\_\_

**3) Booth Configuration Location (On a first come basis)**

## Exhibitor Charges (Please check all that apply.)

<p><b>Exhibitor Space Charges:</b></p> <p>_____ \$200 for Commercial Organizations</p> <p>_____ \$100 for Non-profit, Government, Public Education</p> <p>These Charges include draped, skirted 6-foot exhibit table and conference breaks and reception for <u>one</u> staff person.</p>	<p><b>Additional charges; please indicate # needed:</b></p> <p>___ \$150 for wired/wireless internet service</p> <p>___ \$50 per additional table</p> <p>___ \$50/day/outlet for 110 volts(20amp)</p> <p>___ \$10 Extension cord</p> <p>___ \$15 Triple Receptacle</p> <p>___ \$50/person for conference breaks and reception</p>
<p><b>\$ _____ TotalCharges</b></p>	

List the people who will staff the exhibit:

1. \_\_\_\_\_  
Full Name Street Address

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number City State Zip Code

Email Address \_\_\_\_\_

2. \_\_\_\_\_  
Full Name Street Address

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number City State Zip Code

Email Address \_\_\_\_\_

Please return by March 19, 2010 to:

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