### 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.)

<table>
<thead>
<tr>
<th>Exhibitor Space Charges:</th>
<th>Additional charges; please indicate # needed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______ $200 for Commercial Organizations</td>
<td>_____ $150 for wired/wireless internet service</td>
</tr>
<tr>
<td>_______ $100 for Non-profit, Government, Public Education</td>
<td>_____ $50 per additional table</td>
</tr>
<tr>
<td>These Charges include draped, skirted 6-foot exhibit table and conference breaks and reception for one staff person.</td>
<td>_____ $50/day/outlet for 110 volts (20amp)</td>
</tr>
</tbody>
</table>

**$______ Total Charges**
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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Auburn University, AL 36849  
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