MAIL-IN CONFERENCE EXHIBITOR APPLICATION FORM

INSTRUCTIONS:

Complete the Application below by:

(1) entering the requested information in the empty text boxes,
(2) entering the Amount to be Paid in the text box you / your organization is paying for the Sponsorship and
(3) inserting the Sponsor Fee Level related to the amount to be paid.

Make your payment to "UPHA CHW Section" and attach the payment to the completed Application and mail these two documents to:

UPHA / CHWC Event
c/o Utah Public Health Association
PO Box 9387
Millcreek UT 84109

Conference Exhibitor Application

2019 CHWs Elevated Event
May 22 2019 ~ 8:30-3:30
Viridian Conference Center
8030 South 1825 West

Enter the information requested in all sections below

I. Exhibitor Contact Information -

Organization/Company Name
Contact Person
Organization Address
City
State
Zip
Contact Email
Contact Phone
Contact Fax

Brief Profile or Description of your Organization to be Published in Conference Program and on the Online App

II. Days to Exhibit - ☒ April 22

III. Amount to be Paid -

IV. Sponsorship Level -

EXHIBITORS FEES & BENEFITS

Exhibitor Fee Level Selected	Fee	Conference Exhibit Table	Comped Conference Registrations	Conference Meals Only	Verbal Recognition at Keynote Sessions	Logo and Recognition on Conference Mobile App	Logo and Website Link on Conference Website	Logo on Sponsors Posters
For Profit	$75	✓		2		✓	✓	
Non Profit	$50	✓		2		✓	✓	