

## WHAT WORKS BEST IN HEALTH PROMOTION?

MARCH 16 - 19, 2009 | SAN FRANCISCO MARRIOTT | SAN FRANCISCO, CA

# Health Promotion Lounge

## APPLICATION AND CONTRACT FOR DISPLAY SPACE

Company/Organization \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Email \_\_\_\_\_

Please contact me about Sponsorship Opportunities

**CREDIT CARD PAYMENTS:**  Visa  MasterCard  American Express

Acct # \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

**PAYMENT BY CHECK:** Checks should be made payable to the American Journal of Health Promotion

Mail with contract to: American Journal of Health Promotion • PO Box 1254 • Troy, MI 48034

*A reservation fee of 50% of the total fee must be remitted with this application in order to confirm your display. Fee(s) may be paid in full at the time of application. Full payment must be received by January 1, 2009. Since all displays have essentially equal visibility within the Health Promotion Lounge, displays will be randomly assigned.*

### ⚡ DISPLAY PACKAGE *includes:*

- Skirted table and two chairs
- Company identification sign
- Listing on the Art and Science of Health Promotion Conference website
- Listing in the Conference Program Guide
- Post-show Art and Science of Health Promotion Conference registration list
- Two complimentary conference registrations — a \$1100 value

### ⚡ SETUP

Sunday, March 15, 2009.....Noon - 5:00 PM

Monday, March 16, 2009 .....7:30 AM - Noon

### ⚡ DISMANTLING

Wednesday, March 18, 2009.....2:00 PM

*Hours are subject to minor schedule adjustments*

### *Exhibit Times and Dates*

**Monday** March 16, 2009 ■ **Tuesday** March 17, 2009 ■ **Wednesday** March 18, 2009

Noon - 5:00 PM

8:00 AM - 5:30 PM

8:00 AM - 2:00 PM

## DISPLAY SERVICES

The price of each booth includes one skirted table and two chairs. Special needs such as internet service will be managed by the hotel.

## 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 American Journal of Health Promotion, Inc. The exhibitor agrees to pay 50% of the total display rental fee (\$750), as a non-refundable confirmation deposit(s). The exhibitor agrees to submit to the American Journal of Health Promotion, Inc. the balance due upon receipt of invoice, and in all cases no later than January 1, 2009. The exhibitor understands that no booth assignments will be confirmed until the signed application and deposit fee have been received. Display reservations may be canceled in writing by an exhibitor prior to November 1, 2008, however, the deposit fee is non-refundable.

## SECURITY AND INSURANCE LIABILITY

The Health Promotion Lounge will be secured at the end of each day. However, the safety and security of each display is the responsibility of the exhibitor at all times. The American Journal of Health Promotion, Inc., IHRSA and the San Francisco Marriott will not be responsible for any loss, injury or damage, including that by fire, accident, theft or any destructive cause, which may occur to an exhibitor. The exhibitor assumes the entire responsibility and liability for loss, damage and claims arising out of injury or damage to an exhibitor's display equipment and property and they shall indemnify and hold harmless the American Journal of Health Promotion, Inc., IHRSA, and the San Francisco Marriott from all liability. Exhibitors shall insure their own exhibit and display material.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

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***Please provide the contact information for the two individuals who will receive the complimentary registrations:***

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

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

Title: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

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

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

Email: \_\_\_\_\_

Email: \_\_\_\_\_

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## **:: RETURN SIGNED CONTRACT TO:**

**American Journal of Health Promotion**

P O Box 1254 | Troy MI 48099-1254

or Fax: 248-630-4399

**Confirmation will be provided following receipt of deposit and this contract.**

***For more information about exhibiting and sponsorship opportunities call  
Patti Weber at 248-425-2737.***

**Visit our website at [www.HealthPromotionJournal.com](http://www.HealthPromotionJournal.com)**