

Return with payment to: Mary Bamer Ramsier, American School Health Association, 7263 State Route 43 / P.O. Box 708, Kent, OH 44240; 330/678-1601 (Phone); 330/678-4526 (Fax); mbramsier@ashaweb.org (email).

Application and Contract for Exhibit Space

84th Annual School Health Conference of the American School Health Association
Hyatt Regency Crown Center ▲ Kansas City, Missouri ▲ October 13 - 16, 2010

By completing this Application and Contract for Exhibit Space, the exhibitor agrees to abide by all the provisions outlined in the Official Rules and Regulations.

I - Exhibit Information

Booth Cost: \$795.00 (Companies that exhibited at the 2009 ASHA Conference receive a \$50 discount.)

Include with your application complete payment or a deposit of \$395 for each space requested. Upon receipt of confirmation, the balance is due in full. Applications submitted after July 17, 2010, must include payment in full. Make checks payable to ASHA and mail them to: Mary Bamer Ramsier, American School Health Association, 7263 State Route 43 / P.O. Box 708, Kent, OH 44240.

Please list firm name as you wish it to appear on the identification sign:

Firm Name: _____

Street and Number: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____ Fax Number: (____) _____ Email Address: _____

Web Site Address: _____

Submitted By: _____ Signature: _____

2 - Booth Choices

We cannot guarantee you will get your choice but we will do our best to assign one of your preferred choices or an alternative in your requested area. Assignment of space made by the Association will be considered as accepted unless you notify ASHA of your rejection within 14 days from date of receipt of notification of space assignment.

1st Choice _____ 2nd Choice _____ 3rd Choice _____ 4th Choice _____ 5th Choice _____

3 - Take One Table

An option for those unable to exhibit in person this year. Please check one: \$500 for profit \$250 non-profit

4 - Exhibitor Company Information *(to be completed if purchasing a \$795 Exhibit Booth)*

Please write a brief description (50 words) of your products and/or services:

5 - Conference Program Advertising Information

As an additional service to our exhibitors, we are offering advertising space in our conference program.

Advertising Specifications: All camera-ready offset material is acceptable. Second and fourth covers are at a 50% premium.

No agency or cash discounts. The closing date for advertising space is August 20.

Trim Size: 8 3/8" x 11" Bleed Size: 8 1/2" x 11 1/4" (no bleed charge)

Rates: Full Page - Black and White: (7" x 10") \$600
Half Page - Black and White: (7" x 4 7/8") \$450

Additional Color Rates: 2-Color: \$550
4-Color: \$1,000

Please indicate size of ad: Full Page Half Page

Please forward all advertising materials to the following address by August 27: ASHA Conference Program, Tom Reed, American School Health Association, 7263 State Route 43, P.O. Box 708, Kent, OH 44240; 330/678-1601 (Phone); treed@ashaweb.org (email)

For ASHA Use Only

Date Received _____ Amount Received _____ Balance Due _____

Booth Assigned _____ Total Paid _____