

# Application for Exhibit Space



**19<sup>th</sup> Annual Regional Allied Health Conference:  
Current Perspectives in Asthma, Allergy & Pulmonary Practice  
Friday, September 12, 2014 • Denver, CO**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person for all conference info: \_\_\_\_\_  
On-site contact person: 1. \_\_\_\_\_  
2. \_\_\_\_\_

## Exhibit Hours:

### Thursday, September 11

2:00– 4:00 pm Exhibit Set up

### Friday, September 12

6:30 – 7:15 am Exhibit Set up

7:15 – 7:55 am Registration and Continental Breakfast

9:25 – 9:50 am Break

11:55 – 12:40 pm Lunch

2:10 – 2:25 pm Break

**Exhibit (\$500)** You are authorized to reserve exhibit space for my company's use at the 2014 Regional Allied Health Conference. Exhibit fee includes a 6' table with skirt and cover, 2 chairs and a sign.

I will need electricity?  Yes  No

**All of the following packages include a 6' exhibit table with a tablecloth and skirt, 2 chairs and a sign.**

## Conference Sponsorship Opportunity

**Mobile App Plus Exhibit (\$2,500)** We would like to sponsor the Mobile App plus reserve an exhibit space and understand that all funding will be paid to National Jewish. Mobile App sponsorship includes prominent placing of company logo within mobile app that will be available to attendees and faculty prior to, during and after the event. The Mobile App will be available for smart phones, tablets and PC's; it includes the agenda, syllabus, speaker bios, maps, surveys and more, replacing much of the printed material.

We will be unable to attend the 2014 Regional Allied Health Conference; however, we would like to support the educational program. Enclosed please find a check for \$\_\_\_\_\_.

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_

## PLEASE RETURN THIS FORM TO:

National Jewish Health  
Attn: Mandy Comeau  
Office of Professional Education  
1400 Jackson Street / **S752c**, Denver, CO 80206  
Phone: (303) 728-6585 Fax: (303) 728-6521 Email: ComeauM@njhealth.org

List an exhibitor you wish to be near: \_\_\_\_\_

List any exhibitor you **do not** wish to be near: \_\_\_\_\_

Payment enclosed. Please make checks payable to:

**NATIONAL JEWISH HEALTH -- Our TAX ID # is 74-2044647**

Invoice me directly.

Full payment should be received no later than **August 29, 2014**. Notification of cancellation of space must be in writing and received prior to **August 29, 2014**. Cancellations will be subject to a \$50.00 service charge. After **August 29, 2014**, but prior to **September 5, 2014**, 50% of the total contracted booth fee will be retained. If cancellation is received after **September 5, 2014**, 100% of the total contracted booth fee will be retained.

## EXHIBITOR POLICY AGREEMENT

- The primary purpose of the activity is education of allied health professionals.
- The activity is free of commercial bias for or against any product.
- Content and materials give a balanced view of therapeutic options.
- National Jewish as the sponsor designs, plans and oversees the educational content.
- Conference participants will be made aware of any significant financial relationship between grantors and speakers.

**The exhibits will be located in the atrium of the Molly Blank Building at the National Jewish Health campus at 1400 Jackson St., Denver, CO 80206.**

**If you need to mail items to the conference center, please use the address below:**

**National Jewish Health  
Molly Blank Conference Center  
Attn: Mandy Comeau/Allied Health Conference  
1400 Jackson Street  
Denver, CO 80206**